#### Form 990-N

#### **Electronic Notice (e-Postcard)**

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2017

Open to Public Inspection

A For the 2017 Calendar year, or tax year beginning 2017-01-01 and ending 2017-12-31

<b>B</b> Check if available	C Name of Organization: SOCIAL BRIDGE	<b>D</b> Employee Identification
☐ Terminated for Business ☐ Gross receipts are normally \$50,000 or less	1912 Midland Ave, Glenwood	Number <u>82-1024452</u>
- Cross receipts are normally too,000 or less	<u>Springs, CO, US, 81601</u>	
	2	
E Website:	F Name of Principal Officer: Michael Lowe	
www.social-bridge.org	1912 Midland Ave, Glenwood	
	Springs, CO, US, 81601	

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

# **2018 Exempt Org. Return** prepared for:

#### SOCIAL BRIDGE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601



Marc L. Whitman, CPA 118 W. 6th St., Suite 25 Glenwood Springs, CO 81601

### MARC L. WHITMAN, CPA 118 W. 6TH ST., SUITE 25 GLENWOOD SPRINGS, CO 81601 (970) 945-6355

February 29, 2020

SOCIAL BRIDGE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601

Dear Client:

Your 2018 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Janet L. Wolf, CPA



### Form 8879-FO

#### IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2018, or fiscal year beginning	, 2018, and ending	

OMR No. 1545-1878

► Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Employer identification number SOCIAL BRIDGE 82-1024452 PRESIDENT MICHAEL LOWE Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1 a Form 990 check here . . . . ▶ | b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . . . . . . 4a Form 990-PF check here . . . . ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5). . . . Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 Officer's PIN: check one box only to enter my PIN MARC L. WHITMAN X I authorize as my signature Enter five numbers, but on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature > Date ▶ Part III | Certification and Authentication **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN..... 84500103746 I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature JANET L. WOLF, CPA Date ▶

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

### Form **8868**

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only	submit origin	al (no copies needed).		
	tions required to file an income tax return oth 004 to request an extension of time to file in			os, REMICs, and tr	rusts must
ise Fulli 7	004 to request an extension of time to me in	come tax returns		fying number, see	instructions
	Name of exempt organization or other filer, see instruction	ons.		Employer identification	n number (EIN) or
Гуре or					
orint	SOCIAL BRIDGE			82-1024452	
ile by the	Number, street, and room or suite number. If a P.O. box,	, see instructions.		Social security numbe	r (SSN)
due date for iling your	1912 MIDLAND AVENUE				
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign	gn address, see instru	uctions.		
noti uctions.	GLENWOOD SPRINGS, CO 81601				
Enter the R	eturn Code for the return that this application	n is for (file a se	parate application for each return)		01
		_			
Application s For	ı	Return Code	Application Is For		Return Code
orm 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
orm 990-E	BL	02	Form 1041-A		08
orm 4720 (	individual)	03	Form 4720 (other than individual)		09
orm 990-F		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-T	(trust other than above)	06	Form 8870		12
<ul><li>If the or</li><li>If this is check the</li></ul>	ne No. ► (970) 319–5041  rganization does not have an office or place of the group Return, enter the organization shis box ► If it is for part of the group rension is for.	four digit Group	De United States, check this box	f this is for the who	ole group,
	est an automatic 6-month extension of time until	11/15	20 1 0 to file the evenent evene		
for the	e organization named above. The extension is for $\overline{\zeta}$ calendar year 20 18 or	r the organization		zation return	
<b>&gt;</b>	tax year beginning, 20	, and endi	ng , 20		
2 If the	tax year entered in line 1 is for less than 12	months, check r	eason: Initial return Fir	nal return	
Cł	nange in accounting period				
	application is for Forms 990-BL, 990-PF, 990 fundable credits. See instructions			3a \$	0.
<b>b</b> If this tax pa	application is for Forms 990-PF, 990-T, 4720 ayments made. Include any prior year overpa	0, or 6069, enter yment allowed a	any refundable credits and estimated as a credit	3 b \$	0.
c Balan EFTP:	ce due. Subtract line 3b from line 3a. Include S (Electronic Federal Tax Payment System).	e your payment See instructions	with this form, if required, by using	3 c \$	0.
Caution: If payment in:	you are going to make an electronic funds w	ithdrawal (direct	debit) with this Form 8868, see Form 84	453-EO and Form	8879-EO for

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

### Form **990-EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

Α	For t	he 2018 calendar year, or tax year beginning , 2018, and ending		,					
В	Check	if applicable: C	D Employer i	dentification number					
_		dress change							
		change SOCIAL BRIDGE 1912 MIDLAND AVENUE	E Telephone	24452					
$\vdash$	Initial r	GLENWOOD SPRINGS CO 81601							
		urn/terminated		319-5041					
		led return ation pending	F Group E Number	xemption ►					
G				organization is <b>not</b>					
Ī			ired to attach						
J	Tax-ex	cempt status (check only one) $ \boxed{X}$ 501(c)(3) $$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $$ 4947(a)(1) or $$ 527 (For	m 990, 990-E	Z, or 990-PF).					
K	Form	of organization: X Corporation Trust Association Other							
L	Add I	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	r if total						
				83,022.					
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in Check if the organization used Schedule O to respond to any question in this Part I	structions i	or Part I)					
	1	Contributions, gifts, grants, and similar amounts received		69,296.					
	2	Program service revenue including government fees and contracts	<u> </u>	13,724.					
	3	Membership dues and assessments.		13,724.					
	4	Investment income.		2.					
	5 a	Gross amount from sale of assets other than inventory		۷.					
		Less: cost or other basis and sales expenses							
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c						
	6	Gaming and fundraising events:							
9	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a							
Revenue	b	Gross income from fundraising events (not including \$ of contributions							
ě		from fundraising events reported on line 1) (attach Schedule G if the sum							
<b>C</b>		of such gross income and contributions exceeds \$15,000)							
	С	Less: direct expenses from gaming and fundraising events							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d						
	7 a	Gross sales of inventory, less returns and allowances	<u>Gu</u>						
		Less: cost of goods sold. 7b							
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7с						
	8	Other revenue (describe in Schedule O)	-						
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	▶ 9	83,022.					
	10	Grants and similar amounts paid (list in Schedule O)	10	8,940.					
	11	Benefits paid to or for members	11	,					
	12	Salaries, other compensation, and employee benefits	12						
es	13	Professional fees and other payments to independent contractors	13	41,855.					
Suc	14	Occupancy, rent, utilities, and maintenance.		13,062.					
Expenses	15	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O).  SEE SCHEDULE O	15	1,308.					
ш	16			88,262.					
	17	Total expenses. Add lines 10 through 16.	17	153,427.					
Ś	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-70,405.					
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-	of-year						
As	00	figure reported on prior year's return).		-15,605.					
<u>8</u>	20	Other changes in net assets or fund balances (explain in Schedule O).							
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	> 21	-86,010.					
ΒA	A FOI	r Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2018)					

Pai	Check if the organization used Sch	tructions for Part II) edule O to respond to any qu	estion in this Part II.			X
	-			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			441	. 22	5,147.
23	Land and buildings	CEE CCHEDIII			23	
24				10,780	. 24	9,645.
25	Total assets		<u>_</u>	11,221	. 25	14,792.
26	Total liabilities (describe in Schedule O	)SEE SCHEDULI	£0	26,826	. 26	100,802.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	-15,605	. 27	-86,010.
Pai	t III Statement of Program Service A	ccomplishments (see the inst	ructions for Part III)			Expenses
	Check if the organization used So	chedule O to respond to any o	question in this Part I	IIX	(Rea	uired for section 501
What	is the organization's primary exempt purpose? SEF	E SCHEDULE O			(c)(3)	) and 501(c)(4)
Desc	cribe the organization's program service a	accomplishments for each of	its three largest progr	ram services, as		nizations; optional thers.)
bene	cribe the organization's program service a sured by expenses. In a clear and concis stited, and other relevant information for	e manner, describe the servi each program title.	ces provided, the nur	riber of persons	101 01	iners.)
28	SEE SCHEDULE O	, , , , , , , , , , , , , , , , , , ,				
	(Grants \$ 69,297.) If the	nis amount includes foreign g	rants check here		28 a	60,357.
29	(Grants \$\frac{1}{2} \)	iis ameant merades rereign g	ranto, oncor nora			00,337.
23						
	(Grants \$ ) If the	nis amount includes foreign g	rants chack hara	<del>-</del> -	29 a	
30					29 a	
30						
	70 7				20	
	(Grants \$ ) If th	nis amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch					
		nis amount includes foreign g			31 a	
-	Total program service expenses (add li	<u> </u>			32	60,357.
Pai	t IV List of Officers, Directors,				see the i	instructions for Part IV)
	Check if the organization used So	chedule O to respond to any o	question in this Part I	V		
	(a) Nicorca and Etha	(b) Average hours per	(c) Reportable compensation	(d) Health benefit contributions to empl		(e) Estimated amount of
	(a) Name and title	week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and det		other compensation
MT	NIADI IOLID		1	Compensation		
	CHAEL LOWE				_	•
	ESIDENT	12	C	).	0.	0.
	rai_chuluun	10				
	CRETARY	12	C	).	0.	0.
	COLE_CHRISTIANSON	_	_		_	
TRI	EASURER	4	C	).	0.	0.
		_				
		]				
		1				
		1				
		1				
		-				
		-				
		-				
BAA		TEEA0812L 0	11/21/19			Form <b>990-EZ</b> (2018)

Pa	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			П
	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
၁၁	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	<b>b</b> If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O.	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	Х	
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
;	a Initiation fees and capital contributions included on line 9			
- 1	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			
١	<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
•	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
(	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed NONE			
42	a The organization's books are in care of ► MICHAEL LOWE Located at ► 1912 MIDLAND AVENUE GLENWOOD SPRINGS CO  Telephone no. ► (970) ZIP + 4 ► 81601	319	- <u>504</u>	<u>1</u>
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Χ
	If 'Yes,' enter the name of the foreign country ►			71
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		X
	If 'Yes,' enter the name of the foreign country ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here		► ☐	N/A N/A
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a		Х
1	<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		Х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		X
(	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	$\vdash \vdash$	Х
	<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b		Х

Form **990-EZ** (2018)

						Yes	No
46 Did ti cand	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, ın political campa e Schedule C, Part I	nign activities on behalf o	of or in opposition to	46		Х
	Section 501(c)(3) Organizations				1		
	All section 501(c)(3) organization for lines 50 and 51.		questions 47-49b and	d 52, and complete	the table	es	
	Check if the organization used Schedul	le O to respond to any	question in this Part VI.				
<b>17</b> Did #	ne organization engage in lobbying activities	or have a section 501/h	a) election in effect during	the tay year? If 'Yes '		Yes	No
comp	olete Schedule C, Part II		·····		47		Х
	e organization a school as described in se		· ·				X
	he organization make any transfers to an						X
	es,' was the related organization a section plete this table for the organization's five high	-					
emplo	oyees) who each received more than \$100,0	00 of compensation fron	n the organization. If there	is none, enter 'None.'	.c,		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
NONE							
				-1			
51 Comp	number of other employees paid over \$1 plete this table for the organization's five high pensation from the organization. If there is (a) Name and business address of each independent or	hest compensated indeps none, enter 'None.'	4 CO.	ach received more than \$	100,000 of	pensatio	
NONE		181					
			-				
			-				
			-				
<b>d</b> Total	number of other independent contractors	s each receiving over S	\$100,000	·····			
	he organization complete Schedule A? <b>N</b> oleted Schedule A	` '	( ) 3	ttach a	► XYes	. [	No
Under penaltie	es of perjury, I declare that I have examined this return,	including accompanying sche	edules and statements, and to the	e best of my knowledge and be		· [	
true, correct, a	and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer has any knowl	edge.			
Sign	Signature of officer			Date			
Here	MICHAEL LOWE			PRESIDENT			
	Type or print name and title		_				
	Print/Type preparer's name	Preparer's signature	Date	Check if	TIN	_	
Paid	JANET L. WOLF, CPA	JANET L. WOLF	, CPA	self-employed P	0042881	.5	
Preparer Use Only	Firm's name ► MARC L. WHITMAN Firm's address ► 118 W. 6TH ST.,	<u>, CPA</u> SUITE 25		Firm's EIN	84-1293	2007	
USE UTILY	GLENWOOD SPRING			Phone no. (97			
-		,		, , ,	► X Yes		

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number							ication number		
SOCIAL BRIDGE 82-1024452									
		Reason for Public Cha		<del>-</del>			1 /	ctions.	
The c 1 2 3 4	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's								
		name, city, and state:							
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	l or oper	ated by	a governmental unit	described in	
6		A federal, state, or local gov	ernment or governme	ental unit described in s	section 1	70(b)(1)	)(A)(v).		
7	X	An organization that normally rin section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general p	ublic described	
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)				
9		An agricultural research organi or university or a non-land-grauniversity:	nt college of agriculture		r the nan	ne, city,			
10		An organization that normally r from activities related to its investment income and unre June 30, 1975. See section!	exempt functions—sub lated business taxable	oject to certain exception	ons. and	(2) no	more than 33-1/3% o	f its support from aross	
11		An organization organized a	nd operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).		
12		An organization organized a or more publicly supported o lines 12a through 12d that de	nd operated exclusive organizations describe scribes the type of s	ely for the benefit of, to ed in <b>section 509(a)(1)</b> outporting organization	perform or <b>section</b> and con	n the fur on <b>509(a</b> nplete li	nctions of, or to carry ( <b>(2).</b> See <b>section 509</b> nes 12e, 12f, and 12d	out the purposes of one (a)(3). Check the box in	
а		Type I. A supporting organizati organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d, or controlled by its sup t a majority of the director	oported or ors or trus	rganizat stees of	tion(s), typically by giving the supporting organization.	ng the supported tition. <b>You must</b>	
b		Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that of	with its control or	support manage	ted organization(s), be the supported organiz	y having control or ation(s). <b>You</b>	
С		Type III functionally integrated	. A supporting organizat	ion operated in connection	n with, a	nd functi	onally integrated with, it	s supported	
d		organization(s) (see instructi Type III non-functionally integ functionally integrated. The o	ons). <b>You must comp</b> rated. A supporting org organization generally	olete Part IV, Sections panization operated in column properties must satisfy a distribu	A, D, an nnection ution req	<b>d E.</b> with its :	supported organization	(s) that is not	
е		instructions). <b>You must com</b> Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from	the IRS	that it is	s a Type I, Type II, Ty	pe III functionally	
f	Er	nter the number of supported							
g	Pr	ovide the following information	n about the supported	d organization(s).					
	<b>i)</b> Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	iii youi ç	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No	-		
(A)									
(B)									
(C)									
(D)									
<u>(E)</u>									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			<u> </u>	·		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					69,296.	69,296.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	0.	69,296.	69,296.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						69,296.
Sec	tion B. Total Support					•	·
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4	0.	0.	0.	0.	69,296.	69,296.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			4 C(	YPY	2.	2.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		EN	1			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6					0.
11	Total support. Add lines 7 through 10						69,298.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organizatior stop here	s first, second, th	ird, fourth, or fifth t	ax year as a section	n 501(c)(3)	► X
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	18 (line 6, column	n (f) divided by lin	ne 11, column (f)).		14	%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14				%
16a	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pub	d not check the b blicly supported or	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box
b	<b>33-1/3% support test—2017.</b> If th and <b>stop here.</b> The organization	e organization dic qualifies as a pul	I not check a box plicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, ch	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop here	e. Explain in Part \	/I how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and <b>stop her</b> a publicly supporte	e. Explain in Part \ed organization	/I how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check this	s box and see insti	ructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	ists noted below,	picaso compieto	· are my			
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	,,	• • • • • • • • • • • • • • • • • • • •	.,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						-
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b				2		
8	Public support. (Subtract line 7c from line 6.)				JK,		
Sec	tion B. Total Support		_ 1	70			
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
	Amounts from line 6	C/	- IEI	•			
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul						
	Public support percentage for 20	• •	***		•		%
	Public support percentage from 2					16	0/0
	tion D. Computation of Inv					ı ı	
17	Investment income percentage for	•	• • •	-	• • • •		0,0
18	Investment income percentage fr					<u> </u>	%
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	this box and stop	<b>p here.</b> The orgar	nization qualifies	as a publicly suppo	orted organization	▶ ∐
	<b>33-1/3% support tests—2017.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization of the organizat	, check this box a	and <b>stop here.</b> Th	ie organization qu	ialifies as a public	ly supported organ	ization ►

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
2-	described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes, answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	irt iv   Supporting Organizations (continued)			
-11	Line the averagination accepted a gift or contribution from any of the fallowing payment?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
	-		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		ctruo	tions)	
	c   The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see in	Siruci	110113).	•
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	2a		
	substantially all of its activities.	<u>_a</u>		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

Sche	edule A (Form 990 or 990-EZ) 2018 SOCIAL BRIDGE		82-10	24452 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	a Average monthly value of securities	1a		
ı	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	- \$ [	
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2018

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Par	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sec	tion D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	<b>Total annual distributions.</b> Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e		_1	
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)	7 (.0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			
DAA		Calaadala A (Fa	

BAA

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### PUBLIC DISCLOSURE COPY

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

SOCIAL BRIDGE	82-1024452
Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is covered by the <b>Gen</b>	eral Rule or a Special Rule.
<b>Note:</b> Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
For an organization filing Form 990, 990	-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from any one contributor. Com	plete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
X For an organization described in section	501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations
under sections 509(a)(1) and 1/0(b)(1)(A)(1) received from any one contributor, during	ri), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that githe year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i)
Form 990, Part VIII, line 1h; or (ii) Form	g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) 990-EZ, line 1. Complete Parts I and II.
Der an arganization described in acction	E01(a)(7) (9) or (10) filing Form 000 or 000 E7 that received from any one contributor
during the year, total contributions of mo	501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, ore than \$1,000 <i>exclusively</i> for religious, chantable, scientific, literary, or educational or
purposes, or for the prevention of cruelt contributor name and address), II, and I	to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the
7	
	501(c)(7). (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,
	or for religious, charitable, etc., purposes, but no such contributions totaled more than be the total contributions that were received during the year for an exclusively religious,
	e any of the parts unless the <b>General Rule</b> applies to this organization because
	itable, etc., contributions totaling \$5,000 or more during the year ▶ \$
Caution: An organization that isn't covered	by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it doesn't meet	Íine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

1

Name of organization Employer identification number

82-1024452 SOCIAL BRIDGE Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (a) Number (c) Total contributions Person **Payroll** 12,340. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) Number Person 2\_ **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (a) Number (c) Total (d) Type of contribution contributions Person 3\_ **Payroll** T-COP Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) Number (b) (c) Total Name, address, and ZII contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) Number (c) Total (b) Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) Number (c) Total (b) (d) Type of contribution Name, address, and ZIP + 4 contributions Person **Payroll** Noncash

(Complete Part II for noncash contributions.)

82-1024452

Name of organization Employer identification number

SOCIAL BRIDGE

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
(a) No. from	(b)  Description of noncash property given	\$ (c)	(d) Date received
Part I	Description of noncasti property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CL/F/	   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
  	·	  s	

Name of organ			Employer identification number $82-1024452$
		the year from any one contribution part III, enter the total (Enter this information once. See	of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(0)	(h)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from Part I	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4  (c) Use of gift	Relationship of transferor to transferee  Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

2018

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

82-1024452 SOCIAL BRIDGE

#### FORM 990-EZ, PART I, LINE 10 **GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONATIONS

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: ASPEN COMMUNITY FOUNDATION

455 GOLD RIVERS COURT

BASALT CO 81621

CASH AMOUNT GIVEN: 8,940.

#### FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

ADVERTISING AND PROMOTIONDEPRECIATION	\$ 7,592. 1 813
INFORMATION TECHNOLOGY	4,819.
INSURANCE	891.
INTEREST	182.
MEALS	4,397.
OFFICE EXPENSES PROGRAM SUPPLIES.	2,393. 18 583
STARTUP EXPENSES.	43,713.
TRAVEL	 3,877.
TOTAL	\$ 88,262.

#### FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	1	TOTAL <u>\$</u>	88,262.
	BE	EGINNING	 ENDING
FURNITURE AND FIXTURES.	\$	6,862.	\$ 6,511.
MACHINERY AND EQUIPMENT		3,918.	3,134.
TOTAL	\$	10,780.	\$ 9,645.

#### FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	B	<u>EGINNING</u>	 ENDING
PAYABLE TO OFFICERS, DIRECTORS, ETC	\$	24,833. 1,993.	\$ 100,000. 802.
TOTAL	\$	26,826.	\$ 100,802.

#### FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO EMPOWER COMMUNITY THROUGH EDUCATION AND SUSTAINABLE PROJECTS TO PROVIDE ECONOMIC DEVELOPMENT WITHIN OUR COMMUNITIES.

#### FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAMS OPERATED AS GLEN X PROVIDED 13 EVENTS THAT HAD APPROXIMATELY 500

PARTICIPANTS. 72 STUDENTS PARTICIPATED IN THE PROGRAMS. 8 BUSINESSES

PARTICIPATED IN THE ACCELERATOR PROGRAM WHICH HELPED RAISE OVER \$1M FOR 5

Name of the organization

SOCIAL BRIDGE

82-1024452

#### FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMPANIES RESULTING IN 32 JOBS IN 2018. THE CAREER FAIR HAD OVER 3500 STUDENTS FROM 6 HIGH SCHOOLS PARTICIPATE IN 2 CAREER FAIRS THAT FEATURED OVER 240 BUSINESSES FROM THE ASPEN TO GLENWOOD SPRINGS TO PARACHUTE AREAS.

#### FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO



# **2019 Exempt Org. Return** prepared for:

SOCIAL BRIDGE DBA COVENTURE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601



Marc L. Whitman, CPA 118 W. 6th St., Suite 25 Glenwood Springs, CO 81601

### MARC L. WHITMAN, CPA 118 W. 6TH ST., SUITE 25 GLENWOOD SPRINGS, CO 81601 (970) 945-6355

February 29, 2020

SOCIAL BRIDGE DBA COVENTURE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601

Dear Client:

Your 2019 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Janet L. Wolf, CPA



### Form **8879-EO**

#### IRS e-file Signature Authorization for an Exempt Organization

► Go to www.irs.gov/Form8879EO for the latest information.

or calendar year 2019, or fiscal	year beginning	, 2019, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Do not send to the IRS. Keep for your records.

Name of exempt organization SOCIAL BRIDGE DBA COVENTURE

Employer identification number

82-1024452

Name and title of officer MICHAEL LOWE

EXECUTIVE DIRECTOR

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1 a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	290,372.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	,
<b>3 a</b> Form 1120-POL check here ▶	3 b	
4a Form 990-PF check here ▶  b Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a Form 8868 check here ▶  b Balance Due (Form 8868, line 3c)	5 b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal intentification number (PIN) as my signature for the

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

ERO's signature

answer inquiries and resolve issues related to the payment. I have selected a peorganization's electronic return and, if applicable, the organization's consent to expenditure of the contract			gnature for the
Officer's PIN: check one box only	O		
X   authorize MARC L. WHITMAN, CPA	to enter my PIN	01225	as my signature
ERO firm name		Enter five numbers, bu do not enter all zeros	
on the organization's tax year 2019 electronically filed return. If I have indicated wi a state agency(ies) regulating charities as part of the IRS Fed/State program the return's disclosure consent screen.			
As an officer of the organization, I will enter my PIN as my signature on the organi indicated within this return that a copy of the return is being filed with a state program, I will enter my PIN on the return's disclosure consent screen.			
Officer's signature	Date ►		
Part III   Certification and Authentication			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification			
number (EFIN) followed by your five-digit self-selected PIN		8	4500103746
		D	o not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 20 above. I confirm that I am submitting this return in accordance with the requirements of Authorized IRS <i>e-file</i> Providers for Business Returns.			

Date ▶

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

WOLF,

Form **8879-EO** (2019)

## Form **990**

(Rev. January 2020)

В

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2019 calendar year, or tax year beginning

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2019, and ending

2019

D Employer identification number

OMB No. 1545-0047

Open to Public Inspection

		Address change	SOCIAL BRI							82-	1024	452	
		Name change	DBA COVENT							E Telepho	ne numb	per	
		Initial return	1912 MIDLA			. 1				(97	0) 3	19-5041	
	П	Final return/terminated	GLENWOOD S	PRINGS	, CO 8160	)1				,	•		
	П,	Amended return								<b>G</b> Gross re	eceipts \$	\$ 290	,372.
	Н.	Application pending	F Name and addre	ess of principa	l officer:			Н	(a) Is this	a group retur			X
	Ш.		SAME AS C					н	l(b) Are al	ll subordinates ," attach a list	included		No
$\overline{}$	Ta	x-exempt status:	X 501(c)(3)	501(c) (	) <b> </b>	ert no ) 10/	7(a)(1) or	527	If "No,	," attach a list	(see ins	structions)	
<u>'</u>		ebsite: ► N		301(6) (	) (1113	434	7(a)(1) 01		V-> Croun	. avamentian nu	unahar <b>b</b>	_	
K		rm of organization:	X Corporation	T	A i - ti	Other ►	l v	L	• • • •	exemption nu			`
				Trust	Association	Other	LY	ear of formation	n: ZUI	./ IVI S	state of le	egal domicile: CC	<u>'</u>
Pa	art I	Summar Briefly deser		ionla mica	ion or most si	anificant activit	iocuMO	PMDOLIED	COM	ATTATT MIST	TITIO	IICII EDIICA	штом
	1		ibe the organizat										
ဗွ		<u>AND 5051</u>	<u> TAINABLE PR</u>	ODECIS	10 PROVI	DE ECONOM	TC DE	VETOPME!	<u>ит мт</u>	THTN OC	JR CC	DWMONTITE:	·
펿				. – – – -									
Activities & Governance	3	Check this b	ov 🕨 🗌 if the	rganizatio	n discontinuo	d its operations	or dispe	ocod of mor		250/ of its	not ac		
õ	3		oting members o								3	seis.	1
∘જ	4		ndependent votin								4		4
<u>es</u>	5		r of individuals e								5		0
≅	6		r of volunteers (e								6		10
<b>₽</b>	78		ed business reve								7a		0.
	ı	<b>b</b> Net unrelated	d business taxab	le income	from Form 99	0-T, line 39				1	7b		0.
								- 1		Prior Year		Current Y	ear
	8	Contributions	s and grants (Pa	rt VIII, line	1h)				-	1		159	,900.
Revenue	9		vice revenue (Pa										,462.
ķ	10	Investment in	ncome (Part VIII,	column (	A), lines 3, 4,	and 7d)							10.
8	11	Other revenu	ie (Part VIII, colu	ımn (A), lii	nes 5, 6d, 8c,	9c, 10c, and 1	1e)						
	12	Total revenu	e – add lines 8 t	hrough 11	(must equal F	Part VIII, colum	ın (A), lir	ne 12)				290	,372.
	13	Grants and s	similar amounts p	oaid (Part	X, column (A)	), lines 1-3)							
	14	Benefits paid	d to or for member	ers (Part I	X, column (A)	, line 4)							
	15	Salaries, oth	er compensation	, employe	e benefits (Pa	rt IX, column (	A), lines	5-10)					
ses	16	a Professional	fundraising fees	(Part IX.	column (A). lir	ne 11e)							
Expenses			sing expenses (F	•		•							
Ä	l'							0,104.					
	17	•	ses (Part IX, colu			-							<u>,455.</u>
	18		es. Add lines 13									290	,455.
	19	Revenue les	s expenses. Sub	tract line 1	8 from line 12								-83.
. o										ing of Curren		End of Ye	
t Assets id Balanc	20		(Part X, line 16).							14,7			,927.
A P	21	Total liabilitie	es (Part X, line 2	6)						100,8	02.	120	,020.
δĒ	22	Net assets o	r fund balances.	Subtract I	ne 21 from lin	ne 20				-86,0	10.	-86	,093.
Pa	art II	Signatu	re Block										
Unde	er pen	alties of perjury, I d	eclare that I have exar arer (other than officer	mined this reti	urn, including acco	mpanying schedules	and statem	nents, and to th	e best of r	my knowledge	and belie	ef, it is true, correct	t, and
com	plete.	Declaration of prepare	arer (other than officer	) is based on	all information of v	which preparer has a	any knowled	lge.					
		<b>.</b>											
Sig	gn	Signati	ure of officer						D:	ate			
He	re	▶ MIC	HAEL LOWE						EXEC	UTIVE I	DIREC	CTOR	
		Туре о	r print name and title										
		Print/Type	preparer's name	-	Preparer's signa	ture		Date		Check	if	PTIN	
Pa	id	JANET	L. WOLF, C	CPA	JANET L.	WOLF, CP	Ά			self-employe	ed	P00428815	,
	epa:					,					1		
	e O					25				Firm's EIN	<b>84</b> -	-1293097	
		, mm s addi		OD SPR		81601				Phone no.	(970		55
Mar	v the	: IRS discuss th	nis return with th				ions)				, , , , ,	. X Yes	No
							-/						

Parl	: III <u> </u>	Statement of Program Service Accomplishment Check if Schedule O contains a response or note to any					П
1	Briefl	ly describe the organization's mission:	The firth this rait int				· Ш
•		EMPOWER COMMUNITY THROUGH EDUCATION A	ND CHCTAINADIE DDOIECT	כ ייר ממט אידו	TE ECON	OMTO	~
			MD 3031AINADLE FROMECT	2 10 FKOVII	DE ECON	OMIC	
	<u>DE V</u>	VELOPMENT WITHIN OUR COMMUNITIES					
	D:4 H		an the construction was not listed on the				
		he organization undertake any significant program services durir		·	٦.,		
		1 990 or 990-EZ?			Yes	X	No
		es," describe these new services on Schedule O.		r	_		
3	Did th	he organization cease conducting, or make significant chan	ges in how it conducts, any program	n services?	Yes	X	No
	If "Ye	es," describe these changes on Schedule O.					
	Section	cribe the organization's program service accomplishments for ion 501(c)(3) and 501(c)(4) organizations are required to re revenue, if any, for each program service reported.	or each of its three largest program s port the amount of grants and alloca	services, as mea ations to others, t	sured by e the total ex	xpens xpens	ses. es,
4 a	(Code	e:) (Expenses \$205,143. including	ig grants of \$	) (Revenue \$_			)
	COV	VENTURE HAD 109 PARTICIPANTS IN PROGRA	AMMING SERVICES, HOSTED	1,268 ATT	ENDEES	AT 4	48
	EVE	ENTS INCLUDING SPEAKER SERIES, LUNCH &	LEARNS, NETWORKING, C	OLLABORATIO	ON AND		
			IME MEMBERS UTILIZING			ACE	
		AN ADDITIONAL 212 MEMBERS WHO RECEIV					
	11110		T COINION CONTROL	COVERIORE.			
4 h	(Code	e: ) (Expenses \$ includir	ig grants of \$	) (Revenue \$			)
	(Oou	(Expenses 4	sy grant or t	) (1.01011d0 4_			
			++				
			<b>—</b>				
			`				
			<u>-</u>				
4 c	(Code	e:) (Expenses \$ including	ig grants of \$	) (Revenue \$_			)
		·		· <b></b>			
4 d	Other	r program services (Describe on Schedule O.)					
		enses \$ including grants of \$	) (Revenue	Ś		)	
		I program service expenses > 205 1/13	) (i cvenue	7		/	

# Form 990 (2019) SOCIAL BRIDGE Part IV Checklist of Required Schedules

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
	Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Χ
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

# Form 990 (2019) SOCIAL BRIDGE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
ŀ	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
(	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38		Х
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	140
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
RΛΛ	(gambling) winnings to prize winners?	1 c	aan (	2010

Form 990 (2019) SOCIAL BRIDGE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
k	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
k	olf 'Yes,' enter the name of the foreign country►			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		37
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			17
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ŀ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
ā	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
ā	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14-		X
		14a		Λ
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	16		_^

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q . . ...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?. 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done ...... 12 c **13** Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

GLENWOOD SPRINGS CO 81601 (970) 319-5041

MICHAEL LOWE 1912 MIDLAND AVENUE

BAA

Form 990 (2019)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relat	ed organiz	ation	con	nper	nsate	ed any	y cu	ırrent officer, direct	or, or trustee.	
		(C)								
<b>(A)</b> Name and title		is	both dir	n an c	ot che unles officer /truste	eck moss pers and a ee)	ore	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
	$-\frac{40}{0}$	Х						10,000.	0.	0.
(2) TYLER MOEBIUS	6			.,			• (	UK 1		
PRESIDENT  (3) ROB GAVRELL	3	X		X			j	0.	0.	0.
SECRETARY	0	X		Х				0.	0.	0.
ALICE HACKNEYTREASURER	$-\frac{3}{0}$	X		Х				0.	0.	0.
(5)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII	Section A. Office	ers, Directors, Tru		Key	Еm			es, a	and	Highest Con	pensated Emp	loyees	<b>5</b> (conti	nued)
			(B)			(0	•							
	(A)		Average hours	(do	not o	heck	more	than	one h an	(D)	<b>(E)</b>		(F)	
	Name and tit	le	per week	offic	cer ar	nd a d	direct	or/trus	tee)	Reportable compensation from	Reportable compensation from		ated amo	
			(list any hours	or d	isni	Officer	Key	High emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the c	ensation organizat	tion
			for related	Individual or director	utio	<u>e</u>	emp	Highest co employee	ner er				id related anization	
			organiza - tions	ion th	nal t		Key employee	e						
			below dotted line)	ndividual trustee or director	nstitutional trustee		ð	Highest compensated employee						
			iiie)		ð			ited						
(15)														
<u> </u>														
(16)														
<u>(17)</u>														
<u>(18)</u>														
(10)														
<u>(19)</u>		. – – – – – – – –												
(20)														
(21)														
(22)														
(0.2)														
(23)		. – – – – – – –								Yan				
(24)									-					
				-		1			<b>J</b>					
(25)				-										
			-44											
1 b Subtot			1.01.1						<b>&gt;</b>	10,000.	0.	•		0.
		eets to Part VII, Section								0.	0.			0.
d Total (	add lines 1b and 1c)				<u></u>		<u></u>		<u> </u>	10,000.	0.			0.
		ncluding but not limited	to those I	ısted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensatio	n	
Irom tr	ne organization >	0											Voc	No
<b>3</b>		<b>6</b>											Yes	No
3 Did the on line	e organization list any e 1a? <i>If 'Yes,' comple</i>	y <b>former</b> officer, direct the Schedule J for suc	tor, truste h <i>individu</i>	e, ke <i>ial</i>	ey er	mplo 	oyee	e, or	higi 	nest compensated	employee	. 3		Х
	•													
the org	ganization and related	line 1a, is the sum of d organizations greate	r than \$1	50,00	00?	If 'Y	es,	com	iple	te Schedule J for	110111	_		37
												. 4		X
5 Did and for ser	y person listed on lin vices rendered to the	e 1a receive or accrue or organization? If 'Yes	e comper .' <i>comple</i>	isatio e <i>te Sc</i>	n tro chea	om i Iule	any <i>J fo</i>	unre <i>r suc</i>	late ch p	ed organization or erson	ındıvıdual	. 5		Х
Section B	. Independent Co	ontractors										ı		
1 Comple	ete this table for your	r five highest compensization. Report compens	sated ind	epen	dent	cor	ntrad	ctors	tha	t received more the	han \$100,000 of	r		
Compe				uic c	alcii	uai	yeai	Criun	ng v	(B)	Ť i		C)	
(A) Name and business address  (B) Description of services Co								Compe	ensatio	n				
							1-1	Let	•		Ale a se			
	·	contractors (including b		ited to	o tho	se I	isted	abo	ve)	wno received more	tnan			
\$100,0	oo or compensation	from the organization	- 0											

# Form 990 (2019) SOCIAL BRIDGE Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	y line in this Part V	TIL		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
Sont	h	lines 1a-1f.         1 g           Total. Add lines 1a-1f.         ►	159,900.			
en e		Business Code	133,300.			
Program Service Revenue	2a b		130,462.	130,462.		
ım Servic	d e					
ogra		All other program service revenue				
ď		Total. Add lines 2a-2f▶	130,462.			
	3	Investment income (including dividends, interest, and other similar amounts)	10.			10.
	b c	Royalties	UT C	OPY		
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b				
		Gain or (loss)				
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
her		Less: direct expenses 8b				
ರ		Net income or (loss) from fundraising events ▶				
		Gross income from gaming activities. See Part IV, line 19				
		Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances 10a				
		Less: cost of goods sold 10b  Net income or (loss) from sales of inventory				
S		Business Code				
90 E	11 a					
an enu	b					
Miscellaneous Revenue						
		Total. Add lines 11a-11d				
	12	<b>Total revenue.</b> See instructions	290,372.	130,462.	0.	10.

Page **10** 

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do i	Check if Schedule O contains a round include amounts reported on lines	esponse or note to any (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
6b, 1	7b, 8b, 9b, and 10b of Part VIII.  Grants and other assistance to domestic	·	expenses	general expenses	expenses
	organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	0.	· ·	<u> </u>	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management	79,275.	55,493.	11,891.	11,891.
ŀ	<b>)</b> Legal	118.		118.	
	Accounting	4,270.		4,270.	
	<b>!</b> Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees		$\mathcal{L}(\mathcal{M})$		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion	5, 458.	3,821.	818.	819.
13	Office expenses	10,348.	7,244.	1,552.	1,552.
14	Information technology	3,770.	2,639.	565.	566.
15	Royalties				
16	Occupancy	122,416.	85,691.	18,362.	18,363.
17	Travel	13,475.	11,465.	1,005.	1,005.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,072.	1,450.	311.	311.
23	Insurance	1,665.	1,166.	249.	250.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	TELEPHONE	14,850.	10,395.	2,227.	2,228.
ŀ	MEALS	13,745.	9,622.	2,061.	2,062.
	PROGRAM SUPPLIES	7,975.	7,975.		
(	PRINTING AND PUBLICATIONS	6,009.	4,206.	901.	902.
	All other expenses	5,009.	3,976.	878.	155.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	290,455.	205,143.	45,208.	40,104.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

### Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			47.	1	2,504.
	2	Savings and temporary cash investments			5,100.	2	1,000.
	3	Pledges and grants receivable, net			·	3	•
	4	Accounts receivable, net				4	14,450.
	5	Loans and other receivables from any current or form	er officer	director			
	,	trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	contribu	tor, or 35%			
						5	
	6	Loans and other receivables from other disqualified pe					
		section 4958(f)(1)), and persons described in section		· · · · -		6	
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use		L		8	
Assets	9	Prepaid expenses and deferred charges				9	
Ą	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	19,858.			
		Less: accumulated depreciation.		3,885.	9,645.	10 c	15,973.
	11	Investments – publicly traded securities			7,043.	11	13,313.
	12	Investments – other securities. See Part IV, line 11		F		12	
	13	Investments – program-related. See Part IV, line 11.		F		13	
	14	Intangible assets		F		14 15	
	15	Other assets. See Part IV, line 11		F			
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line		F	14,792.	16	33,927.
		Total assets. And imposit among the (must oqual imposit	00)		11,752.		33/327.
	17	Accounts payable and accrued expenses			-1	17	
	18	Grants payable			OY	18	
	19	Deferred revenue			1	19	
	20	Tax-exempt bond liabilities			<b>,                                    </b>	20	
Liabilities	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D		21	
Ħ	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, dire	ctor, trustee,			
jat		controlled entity or family member of any of these per	sons		100,000.	22	120,020.
_	23	Secured mortgages and notes payable to unrelated the	ird partie	es	·	23	
	24	Unsecured notes and loans payable to unrelated third	parties.		802.	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to relati plete Par	ted third parties, rt X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			100,802.	26	120,020.
95		Organizations that follow FASB ASC 958, check here	<b>•</b>				
ĕ		and complete lines 27, 28, 32, and 33.	_	_			
ala	27	Net assets without donor restrictions		<u> </u>		27	
8	28	Net assets with donor restrictions		la		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here י	<u>x</u>			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm				30	
SS	31	Retained earnings, endowment, accumulated income,		L L	-86,010.	31	-86,093.
t A	32	Total net assets or fund balances			-86,010.	32	-86,093.
Š	33	Total liabilities and net assets/fund balances			14,792.	33	33,927.
		·					

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29	0,372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	0,455.
3	Revenue less expenses. Subtract line 2 from line 1	3		-83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-8	5,010.
5	Net unrealized gains (losses) on investments.	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-8	5,093.
Pa	rt XII Financial Statements and Reporting			3,033.
	Check if Schedule O contains a response or note to any line in this Part XII			
	Check if Schedule O Contains a response of note to any line in this Fart All		-	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		I	es No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a		
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa		25	
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a	Х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	it	3 b	
BAA				<b>90</b> (2019)
			1 01111 3	20 (2019)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

SOCIAL BRIDGE DBA COVENTURE 82-1024452 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 12 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>5</b>	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			- C(	PY		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		IEN				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	6					
11	Total support. Add lines 7 through 10					_	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage			<b>-</b>	
	Public support percentage for 20 Public support percentage from 2						<u>%</u> %
	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	ne organization di	id not check the t	oox on line 13, and	d line 14 is 33-1/3	3% or more, check	k this box
b	<b>33-1/3% support test—2018.</b> If th and <b>stop here.</b> The organization	e organization did	d not check a box	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Parl	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) >	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	and membership fees received. (Do not include any 'unusual grants.')				60.006	150 000	000 106
2	Gross receipts from admissions,				69,296.	159,900.	229,196.
_	merchandise sold or services						
	performed, or facilities furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose					130,462.	130,462.
3	that are not an unrelated trade						
	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						•
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	0.	0.	0.	69,296.	290,362.	359,658.
7a	Amounts included on lines 1,	, ,	, ,		,	,	,
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2	· ·	· ·	<u> </u>	Ŭ.	<u> </u>	<u>~.</u>
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year	0.	0.	0.	.0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line				77 1	J.	
<u> </u>	7c from line 6.)						359,658.
	tion B. Total Support			1 0			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends,	0.	0.	0.	69,296.	290,362.	359,658.
IUa	payments received on securities loans,						
	rents, royalties, and income from similar sources				2.	10.	12.
b	Unrelated business taxable				۷.	10.	12,
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
-	Add lines 10a and 10b	0.	0.	0.	2.	10.	12.
П	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly carried on						0
12	Other income. Do not include					+	0.
_	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						0.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	0.	0.	0.	69,298.	290,372.	
14	First five years. If the Form 990						359,670.
	organization, check this box and	stop here					′ <b>►</b> X
	tion C. Computation of Pul						
	Public support percentage for 20		• •		•		%
	Public support percentage from 2					16	
	tion D. Computation of Inv				ımn (fl)	17	%
	Investment income percentage in						%
	33-1/3% support tests—2019. If t						
ıJa	is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly suppo	orted organization.	········ ►
b	33-1/3% support tests—2018. If t	he organization d	id not check a bo	x on line 14 or lin	ne 19a, and line 16	is more than 33-1	1/3%, and
20	line 18 is not more than 33-1/3%		-				
<b>4</b> 0	<b>Private foundation.</b> If the organization	zation ulu not che	ch a box on ine	14, 13a, OI 19D, C	HECK HIIS DOX SUG	SEE INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
2-	described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes, answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	F-		
b	amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
11	⊔ac	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		erning body of a supported organization?	11a		
	<b>b</b> A fai	mily member of a person described in (a) above?	11b		
	<b>c</b> A 35	5% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations		Т	1
1	Did t	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
'	or ele <b>Part</b> If the direc	ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in the supported organization(s) effectively operated, supervised, or controlled the organization's activities. The organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	1		
_		lied to such powers during the tax year.	1		
2	that <i>bene</i>	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
	supp	porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	Did t	the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	orga	inization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	orga	r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the inization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	orga the	inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	Bv re	eason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice all ti	e in the organization's investment policies and in directing the use of the organization's income or assets at imes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
_		nis regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a 🔲 -	The organization satisfied the Activities Test. Complete line 2 below.			
	b 🗌 -	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌 -	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions)	
2	Activ	vities Test. Answer (a) and (b) below.		Yes	No
i	supp <b>orga</b> resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> anizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted	20		
		stantially all of its activities.	2a		
	the o	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the anization's involvement.	2b		
3	Pare	ent of Supported Organizations. Answer (a) and (b) below.			
i	<b>a</b> Did t each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of n of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did t supp	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2019 SOCIAL BRIDGE		82-10	24452	Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.	•
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
C	Total (add lines 1a, 1b, and 1c)	1d			
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3	7		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	A			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

5

6

BAA Schedule A (Form 990 or 990-EZ) 2019

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

5 Income tax imposed in prior year

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D – Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e		-1	
<b>g</b> Applied to underdistributions of prior years	- 1	2.4	
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)	7 (.0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
e Excess from 2019			

BAA

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization SOCIAL BRIDGE

## PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

	DBA CO	VENTURE	82-1024452			
Organiza	anization type (check one):					
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	no			
Form 99	0-PF	527 political organization				
		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
•		ered by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.			
General	Rule					
		ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributions for determining a contribution one contributions for determining a contribution of the c				
Special	Rules	CLIE				
X	under sections 509(a) received from any o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000; line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that			
	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece I contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scienti prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	during the year, con \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recentributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contacked, enter here the total contributions that were received during the year loose. Don't complete any of the parts unless the <b>General Rule</b> applies to this contact of the parts unless the state of the parts unless the state of the parts unless the state of the parts unless that were received during the state of the parts unless that the	ributions totaled more than r for an <i>exclusively</i> religious, organization because			
	9	isn't covered by the General Rule and/or the Special Rules doesn't file Schedu No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9	, , , , , , , , , , , , , , , , , , , ,			

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SOCIAL BRIDGE

1

Name of organization

Employer identification number

82-1024452

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>7,500</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>20,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	C	\$ <u>5,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SOCIAL BRIDGE

82-1024452

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	1	(4)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CI-IE-	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
ВАА	<u> </u>	S	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

Employer identification number

SOCIAL				82-1024452
Part III	Exclusively religious, charitable, et	c., contributions to orga	nizations o	lescribed in section 501(c)(7), (8),
	or (10) that total more than \$1,000 for the	ne year from any one contrib	outor. Comple	te columns (a) through (e) and
	the following line entry. For organizations of contributions of \$1,000 or less for the year.	ompleting Part III, enter the tota	al of <i>exclusive</i>	
	Use duplicate copies of Part III if additional	(Enter this information once. So space is needed	ee instruction	s.)
	<u> </u>	•		(4)
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
	N/A			
	L			
	L			
		(e) Transfer of gift		
	Transferee's name, addres	Transfer of gift	Pela	tionship of transferor to transferee
	Transieree's flame, addres	5, and Zn + 4	IVEI	donsinp of dansieror to dansieree
	L			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	r urpose or gire	Use of gift		bescription of now girt is neig
		(e)		
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
	L			
	L		$\mathcal{L}_{\mathcal{L}_{\mathcal{L}_{\mathcal{L}}}}$	
	L			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	ruipose oi giit	Ose of gift		Description of now gift is field
	0			
		(e)		
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
	L			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
No. from	Purpose of gift	Use of gift		Description of now gift is neid
				<del> </del>
				<del> </del>
		(a)		<u> </u>
		(e) Transfer of gift		
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee
	H			

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization SOCIAL BRIDGE DBA COVENTURE 82-1024452 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a 2 b **b** Total acreage restricted by conservation easements..... c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

Part III Organizations Maintaining Co	ollections of Art, Histo	rical Treasures, or	Other Similar Ass	ets (co	ntinu	ed)					
<b>3</b> Using the organization's acquisition, accession items (check all that apply):	n, and other records, check ar	ny of the following that ma	ake significant use of its	collection	1						
a Public exhibition d Loan or exchange program											
b Scholarly research e Other											
c Preservation for future generations	_										
4 Provide a description of the organization's col Part XIII.	lections and explain how they	further the organization's	exempt purpose in								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?											
line 9, or reported an amount	on Form 990, Part X, I	ine 21.	wered Yes on Fo	rm 990	, Par	[IV,					
a Is the organization an agent, trustee, custon Form 990, Part X?  b If 'Yes,' explain the arrangement in Part X			r assets not included	Yes		No					
<b>2</b>		.9		Amount							
c Beginning balance			1c								
<b>d</b> Additions during the year			1 d								
e Distributions during the year			1e								
f Ending balance											
2 a Did the organization include an amount on	Form 990, Part X, line 21,	for escrow or custodial	account liability?	Yes		No					
<b>b</b> If 'Yes,' explain the arrangement in Part X	III. Check here if the explan	ation has been provided	d on Part XIII		[						
Part V   Endowment Funds. Complete				1							
	rent year (b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	our years	s back					
1 a Beginning of year balance				-							
<b>b</b> Contributions				-							
c Net investment earnings, gains, and losses		OP	X								
<b>d</b> Grants or scholarships		CUL									
Other expenditures for facilities and programs											
f Administrative expenses				1							
<b>q</b> End of year balance	21 12			1							
2 Provide the estimated percentage of the cu	rrent year end balance (line	e 1g, column (a)) held a	ns:								
a Board designated or quasi-endowment ▶	8										
<b>b</b> Permanent endowment ►	%										
c Term endowment ► %	<del>_</del>										
The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.										
			f 11								
<b>3a</b> Are there endowment funds not in the possess organization by:	SIOH OF THE OFGANIZATION THAT A	re neiu anu auministereu	for the		Yes	No					
(i) Unrelated organizations				. 3a(i)							
(ii) Related organizations				3a(ii)							
<b>b</b> If 'Yes' on line 3a(ii), are the related organ	izations listed as required o	n Schedule R?		. 3b							
4 Describe in Part XIII the intended uses of	the organization's endowme	nt funds.		<u> </u>		-					
Part VI Land, Buildings, and Equipm											
Complete if the organization a		n 990. Part IV. line	11a. See Form 99	0. Part	X. lir	ne 10.					
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated		look va						
Description of property	(investment)	basis (other)	depreciation	( <b>u</b> ) D	OOK VA	iuc					
1 a Land.											
<b>b</b> Buildings											
c Leasehold improvements											
<b>d</b> Equipment		3,918.	1,568.		2,	350.					
<b>e</b> Other		15,940.	2,317.			,623.					
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, c					,973.					

BAA Schedule D (Form 990) 2019

Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	(b) Dook value	(c) Method of Valuation. Cost of end-	or-year market value
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(C)			
( <u>D)</u> (E)			
( <u>F)</u> (G)			
(G) (H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NT / 7	
Part VIII Investments – Program Related. Complete if the organization answered	l 'Yes' on Form 990	N/A N Part IV line 11c See Form 9	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
	(b) Book value	(b) Method of Valuation Good of one	a or your market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	N/A		
Part IX Other Assets. Complete if the organization answered	N/A L'Yes' on Form 990	Part IV line 11d See Form 9	990 Part X line 15
	scription	<u> </u>	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)		
Part X Other Liabilities.	form 000 Dort IV line 1	10 or 11f Coo Form 000 Port V line 2	-
Complete if the organization answered 'Yes' on F	ription of liability	Te of TH. See Form 990, Part A, time 23	
1. (a) Descr	iption of hability		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
• •			
(8)			
(8)			
(9)			
(9) (10)			•

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
<b>b</b> Prior year adjustments	
b Prior year adjustments	
c Other losses. 2c	2 e
c Other losses.         2c           d Other (Describe in Part XIII.)         2d	2e 3
c Other losses.       2 c         d Other (Describe in Part XIII.)       2 d         e Add lines 2a through 2d.	
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIII.)	3
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	3 4c
c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.  3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIII.)	3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2019

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOCIAL BRIDGE DBA COVENTURE

Employer identification number

82-1024452

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BOARD REVIEW AND APPROVAL.

### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.



## **2020 Exempt Org. Return** prepared for:

SOCIAL BRIDGE DBA COVENTURE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601



Marc L. Whitman, CPA 118 W. 6th St., Suite 25 Glenwood Springs, CO 81601

# Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2020, or fiscal	year beginning	, 2020, and ending

OMB No. 1545-0047

		1 of calcildar year	► Do not send to t	he IRS. Keep for your			2020
Internal Reve			Go to www.irs.gov/For	•			2020
Name of exer SOCIAL	npt organization or pe BRIDGE	rson subject to tax					fication number
	VENTURE e of officer or person s	subject to tax				82-10244	152
MICHAE		subject to tax		Evocuti	ve Directo	n r	
		rn and Retur	n Information (Who		ve Directo	) L	
Check the check the leave line	box for the returbox on line 1a, 2 1b, 2b, 3b, 4b, 5	rn for which you 2a, 3a, 4a, 5a, 6a b, 6b, or 7b, wh	are using this Form 887 a, or <b>7a</b> below, and the a lichever is applicable, bla e more than one line in f	79-EO and enter the apamount on that line for ank (do not enter -0-).	the return being	filed with this f	orm was blank, then
1 a Forr	n 990 check here	a <b>►</b> X <b>b</b>	Total revenue, if any (Fo	orm 990, Part VIII, colu	ımn (A), line 12	) 1 <b>t</b>	357,360.
	n 990-EZ check h		<b>b Total revenue,</b> if any				
3 a Forr	n 1120-POL chec	ck here 🛌	<b>b Total tax</b> (Form	1120-POL, line 22)		3 b	
4 a Forr	n 990-PF check h	nere <b>►</b>	b Tax based on invest	tment income (Form 99	90-PF, Part VI,	line 5) <b>4 b</b>	)
	n 8868 check hei	<b>■</b>	Balance due (Form 8868	•			
	n 990-T check he	<del></del> 1	Total tax (Form 990-T, F	•			
7 a Forr	n 4720 check hei	re <b>►  b</b>	Total tax (Form 4720, Pa	art III, line 1)		7 b	
Part II	Declaration a	and Signatur	e Authorization of C	Officer or Person S	Subject to Ta	X	
(name of and that I and belief electronic IRS and the processing initiate an of the fede U.S. Treasfinancial in inquiries a return and PIN: chec X I author on the (ies) r disclos	tax year 2020 ele egulating true consent sure consent or receive from the the return or refuelectronic funds we real taxes owed of sury Financial Agnetitutions involved resolve issued, if applicable, the consent sure consent screen	a copy of the 20 orrect, and com to allow my inte IRS (a) an act and, and (c) the drithdrawal (direct on this return, agent at 1-888-35 ed in the process related to the ne consent to el Whitman ctronically filed me sa spart of the een.	ERO firm name eturn. If I have indicated w IRS Fed/State program	accompanying schedulat the amount in Part der, transmitter, or election able, I authorize the U.S. all institution account indicated in the desire that the entry to business days prior to the entry to business days prior to the entry to business days prior to the entry to be entry to the entry to be entry	, (Eules and statement above is the actronic return or or of the transm. Treasury and its cated in the tax part this account. To the payment (see the confidential tion number (Planter my PIN Enter my	ents, and, to the amount shown o iginator (ERO) to ission, (b) the residence of the content of t	a best of my knowledge in the copy of the
electro chariti	onically filed retu	rn. If I have ind IRS Fed/State	with respect to the organicated within this return forgram, I will enter my	that a copy of the retur PIN on the return's dis	n is being filed sclosure consent	with a state age t screen.	ryear 2020 ncy(ies) regulating
	<u> </u>		la atla ia		Date	· 	
	Certification						
number (E	EFIN) followed by	your five-digit	ronic filing identification self-selected PIN			<u> </u>	84500103746 Do not enter all zeros
I am submi	at the above nume tting this return in for Business Ret	accordance with	IN, which is my signature the requirements of <b>Pub. 4</b> 7	on the 2020 electronicall <b>163,</b> Modernized e-File (N	y filed return indi leF) Information f	icated above. I co or Authorized IRS	nfirm that e-file
ERO's signati	ure <u>Jane</u>	t L. Wolf,	CPA	Date	·		
			FDO Must Batain	This Form - Soo Instr	uctions		

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For the 2020 calendar year, or tax year beginning

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

, 2020, and ending

Open to Public Inspection

, 20

В	Check if a	applicable:	С				D Employe	er identification nu	ımber
	Addr	ess change	SOCIAL BRIDGE				82-1	.024452	
	Nam	e change	DBA COVENTURE				E Telephor	ne number	
	Initia	al return	1912 MIDLAND AV				(970	319-50	41
	Final	return/terminated	GLENWOOD SPRING	SS, CO 81601			(0.10	,	_==
	$\vdash$	nded return					<b>G</b> Gross re	ceints \$	361,770.
	$\vdash$	ication pending	F Name and address of prince	ipal officer:		H(a) Is this		for subordinates?	
	,,,pp1	reactors personing	Same As C Above			H(b) Are a	Il subordinates	included? See instructions	Yes No
$\overline{}$	Tay-ey	empt status:	X 501(c)(3) 501(c)		4947(a)(1) or 527	If "No	," attach a list.	See instructions	
<u>'</u>		site: N/		( ) (insert no.)	4347 (a)(1) 01 327	III-> Crous	exemption nur	mbar 🏲	
K		f organization:	X Corporation Trust	Association Other ►	L Year of form			tate of legal domic	ilo: CO
	rt I	Summar		Association Other	■ rear or form	ation: ZUI	. /	late of legal domic	ile: CO
Га				ssion or most significant ac	tivities TO FMDOW	ED COMM	יי עידואווו	ים חטווכם בי	DIICATION
				S TO PROVIDE ECON					
၁င		ND 5051	ATMADEL TROOLCI	5 TO TROVIDE ECON	OHIC DEVELOTE	17717 MT	111111 00	IC COMMON	
Activities & Governance	_								
ě	2 0	heck this bo	if the organiza	tion discontinued its operat	ions or disposed of n	nore than :	25% of its r	net assets.	
တိ				verning body (Part VI, line				3	4
త	4 N	lumber of in	dependent voting memb	ers of the governing body (	Part VI, line 1b)			4	4
<u>ë</u>				l in calendar year 2020 (Pa				5	0
ΞĘ				if necessary)				6	8
ĕ				m Part VIII, column (C), line			II.	7a	0.
	<b>b</b> N	let unrelated	business taxable incom	ne from Form 990-T, Part I,	line 11			7b	0.
				11.			Prior Year		rent Year
ē				ne 1h)		1	159,9		179,383.
enc		9 Program service revenue (Part VIII, line 2g)					130,4		176,432.
Revenue				lines 5, 6d, 8c, 9c, 10c, ar				10.	1,545.
_				11 (must equal Part VIII, co			290,3	72	357,360.
				rt IX, column (A), lines 1-3)			230,3	12.	337,300.
				t IX, column (A), line 4)					
				yee benefits (Part IX, colun					
es	10 0					-			_
Expenses	16a P			(, column (A), line 11e)					
ă X	b⊤		sing expenses (Part IX,		45,163				
ш	17			lines 11a-11d, 11f-24e)			290,4		351,741.
	18 ⊤	otal expense	es. Add lines 13-17 (mus	st equal Part IX, column (A	), line 25)		290,4	55.	351,741.
	<b>19</b> R	Revenue less	expenses. Subtract line	e 18 from line 12			-	83.	5,619.
ets or lances						Beginn	ing of Current	Year End	d of Year
sets alan	<b>20</b> T		, ,				33,9	27.	59,466.
A B	<b>21</b> ⊤	otal liabilitie	s (Part X, line 26)				120,0	20.	139,940.
Net Asse Fund Bal	<b>22</b> N	let assets or	fund balances. Subtrac	t line 21 from line 20			-86,0	93.	-80,474.
	rt II	Signatur	e Block			•	·	•	
Unde	er penaltie	s of perjury, I de	clare that I have examined this	return, including accompanying sche	dules and statements, and t	o the best of	my knowledge a	and belief, it is true	e, correct, and
com	piete. Deci	laration of prepa	rer (other than officer) is based	on all information of which preparer	nas any knowledge.				
Siç He	gn	Signatu	re of officer			ט	ate		
He	re		HAEL LOWE			Exec	utive D	irector	
		, , ,	print name and title						
		Print/Type p	reparer's name	Preparer's signature	Date		Check	if PTIN	
Pa	id	Janet	L. Wolf, CPA	Janet L. Wolf,	CPA		self-employe	d P0042	8815
Pre	eparer	' Firm's name	11010 11 11111				_		
Us	e Only	/ Firm's addre	ess ► 118 W. 6th	St., Suite 25			Firm's EIN ▶	84-12930	<u> </u>
_				rings, CO 81601			Phone no.	(970) 945	5-6355
May	the IR	S discuss th	is return with the prepar	rer shown above? See instr	uctions			X Ye	es No

Part	: III <u> </u>	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		П
1	Briefl	fly describe the organization's mission:		
ı			CONON	TC.
		EMPOWER COMMUNITY THROUGH EDUCATION AND SUSTAINABLE PROJECTS TO PROVIDE	ECONON.	11C
	<u>DEV</u>	VELOPMENT WITHIN OUR COMMUNITIES.		
	D: 1 II			
		the organization undertake any significant program services during the year which were not listed on the prior	_	1
			Yes X	No
	If "Ye	es," describe these new services on Schedule O.		_
3	Did th	the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Ye	es," describe these changes on Schedule O.		_
4	Descr	cribe the organization's program service accomplishments for each of its three largest program services, as measure	d by expe	enses.
	Section	tion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expe	nses,
	and r	revenue, if any, for each program service reported.		
4 a	(Code			)
		<u>VENTURE HAD 65 PARTICIPANTS IN PROGRAMMING SERVICES, HOSTED 28 ONLINE EVE</u>		
	700	<u>0+ ATTENDEES THAT INCLUDED LUNCH &amp; LEARNS, NETWORKING, COLLABORATION AND (</u>		IITY
	BUI	ILDING. THERE ARE 71 FULL-TIME MEMBERS UTILIZING THE CO-WORKING SPACE AN	D AN	
	ADD	DITIONAL 486 MEMBERS WHO RECEIVE COMMUNICATIONS FROM COVENTURE.		
4 b	(Code	de: ) (Expenses \$ including grants of \$ ) (Revenue \$		)
4 c	(Code	de:) (Expenses \$ including grants of \$) (Revenue \$)		)
4 d	Other	er program services (Describe on Schedule O.)		
		penses \$ including grants of \$ ) (Revenue \$	)	
		of program service expenses ► 257,160	•	

## Form 990 (2020) SOCIAL BRIDGE Part IV Checklist of Required Schedules

_			Yes	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	No
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> 'Yes,' complete Schedule D, Part III.	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2020) SOCIAL BRIDGE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L. Part IV	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, complete Schedule L, Part IV	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_	_	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 03	1.0
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
BAA		Form	1 <b>990</b> (	(2020

Form 990 (2020) SOCIAL BRIDGE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	n Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ŀ	ments, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	of Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
k	olf 'Yes,' enter the name of the foreign country▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7.		X
	services provided to the payor?	7 a 7 b		Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/ D		
•	Form 8282?	7с		Χ
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 11		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13 a		
•	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	ısa		
ŀ	·			
	Denter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		<del> </del>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	, 13		
13	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.	.,,		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q . . ...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?. 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

MICHAEL LOWE 1912 MIDLAND AVENUE GLENWOOD SPRINGS CO 81601 (970) 319-5041

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and title	(B) Average hours	Pos thar is	ition n one s both	(do no box, an o	ot che unles officer	eck moss pers and a ee)	ore	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount
	per							the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from
	(list any hours for related organiza-	divid	stitut	Officer	en en	ghes nplo	Former	(11 27 1933 1111 20)	(11 27 1033 111100)	the organization and related organizations
	related organiza- tions	ctor t	ional		Key employee	ee t	il.			organizations
	below	Individual trustee or director	Institutional trustee		ee	Highest compensated employee				
	line)	ξ.	æ			ated				
(1) MICHAEL LOWE	40							-1		
Executive Dir.	0	X						0.	0.	0.
(2) TYLER MOEBIUS	6	v		v			• (		0	0
President (3) ROB GAVRELL	3	Х		X			,	0.	0.	0.
Secretary	5	X		X		,		0.	0.	0.
(4) ALICE HACKNEY	3									
Treasurer	0	Х		Χ				0.	0.	0.
_(5)										
(6)										
- <del></del>										
(8)										
- <del></del>										
(9)										
(10)										
(11)										
(12)										
(13)										
<u> </u>										
(14)										

Part VII   Section A. Officers, Directors, Tru		Key	Em	_		es, a	and	d Highest Com	pensated Emp	oyees	<b>(</b> conti	nued)
	(B)			(0	•							
(A) Name and title		box,	unles er an	ss pe d a c	erson directo	than of the the than of the than of the than of the than of the	n an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from related organizations	(	<b>(F)</b> ated amof other	
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	the o	nsation rganizat d related anization	ion d
<u>(15)</u>												
<u>(16)</u>												
<u>(17)</u>												
<u>(18)</u>												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)								OPY				
(24)				1				<b>0</b> '				
(25)	-11											
1 b Subtotal c Total from continuation sheets to Part VII. Section	on A						► ►	0.	0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	/e) v	who i	receiv	ved			ensatio	n	
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	h individu	ıal		• • •						. 3		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual</i>						. 4		X				
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete Sc	n fro chedi	om a ule	any <i>J foi</i>	unre r <i>suc</i>	late h p	d organization or erson	individual	. 5		X
Section B. Independent Contractors  1 Complete this table for your five highest compense.	sated ind	enen	dent	cor	ntrac	tors	tha	t received more th	nan \$100.000 of			
compensation from the organization. Report compens	sation for	the ca	alenc	dar y	year	endir	ng v	vith or within the or	ganization's tax year			
Name and business addr	ress							Description of	of services	Compe	<b>C)</b> ensatio	n
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ited to	tho:	se li	isted	l abov	ve)	who received more	than			

# Form 990 (2020) SOCIAL BRIDGE Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	y line in this Part V	TIL		
			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns				
Contrib and Oth	3	Noncash contributions included in lines 1a-1f	179,383.			
evenue	_	CO-WORKING FEES Business Code	176,432.	176,432.		
Program Service Revenue	b c d					
Progran	g	All other program service revenue	176,432.			
	3	Investment income (including dividends, interest, and other similar amounts)	5.			5.
	b c	Royalties	17 C	OPY		
	7 a	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  7a  (i) Securities  (ii) Other  5, 950.  4, 410.	N			
		Gain or (loss)         7c         1,540.           Net gain or (loss)         ►	1,540.	1,540.		
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c).  See Part IV, line 18				
ਰ		Net income or (loss) from fundraising events ▶				
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses				
		Gross sales of inventory, less				
		Net income or (loss) from sales of inventory				
S		Business Code				
ž a	11a _					
Miscellaneous Revenue	11 a b c d	All other revenue				
Σ		Total. Add lines 11a-11d				
		Total revenue. See instructions	357,360.	177,972.	0.	5.

### Part IX | Statement of Functional Expenses

Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		слрепосо	general expenses	скропаса
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				• •
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	81,600.	57,120.	12,240.	12,240.
b	Legal				
c	Accounting	4,845.		4,845.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion.	5,698.	3,989.	854.	855.
13	Office expenses	7,340.	5,138.	1,101.	1,101.
14	Information technology	3,572.	2,500.	536.	536.
15	Royalties		,		
16	Occupancy	176,436.	123,505.	26,465.	26,466.
17	Travel	15,954.	14,984.	485.	485.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
19	Conferences, conventions, and meetings				
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,661.	3,963.	849.	849.
23	Insurance	1,030.	721.	154.	155.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PARTNER PROGRAM	22,204.	22,204.		
	MEALS	9,339.	6,537.	1,401.	1,401.
C	TECHNOLOGY & CONTRACTS	6,469.	6,469.		
	TELEPHONE	5,178.	3,625.	776.	777.
	All other expenses	6,415.	3,414.	2,703.	298.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	351,741.	254,169.	52,409.	45,163.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to	any li	ne in this Part X	<u></u>	<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			2,504.	1	6,649.
	2	Savings and temporary cash investments	1,000.	2			
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,450.	4	
	5	Loans and other receivables from any current or form	er offic	er, director.			
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	l contri	butor, or 35%		_	
				H		5	
	6	Loans and other receivables from other disqualified p					
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
ets	8	Inventories for sale or use		<b> </b>		8	
Assets	9	Prepaid expenses and deferred charges				9	
A	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10-	F0 011			
		Less: accumulated depreciation			15 072	10 -	FO 017
		·		7,094.	15,973.	10 c	52,817.
	11	Investments — publicly traded securities				12	
	12	Investments – other securities. See Part IV, line 11.				13	
	13	Investments – program-related. See Part IV, line 11. Intangible assets				14	
	14	5		15			
	15 16	Other assets. See Part IV, line 11		33,927.	16	59,466.	
	10	Total assets. Add lines I through 15 (must equal line	33)		33,327.	10	39,400.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			N	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		<b>,</b> •	20		
ies	21	Escrow or custodial account liability. Complete Part I		21			
Ξ	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contributions	ticer, d	rector, trustee,			
Liabilities		Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	rsons.		120,020.	22	139,940.
	23	Secured mortgages and notes payable to unrelated the				23	•
	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		25			
	26	Total liabilities. Add lines 17 through 25		L	120,020.	26	139,940.
es		Organizations that follow FASB ASC 958, check here	<b>&gt;</b>				
nc		and complete lines 27, 28, 32, and 33.		_			
ala	27	Net assets without donor restrictions		<b> </b>		27	
d B	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	e ► <u>X</u>			
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipment	nd		30		
188	31	Retained earnings, endowment, accumulated income,	, or oth	er funds	-86,093.	31	-80,474.
1 t	32	Total net assets or fund balances		L	-86,093.	32	-80,474.
ž	33	Total liabilities and net assets/fund balances			33,927.	33	59,466.
BA	Α _		TEEA01	I1L 10/07/20	·		Form <b>990</b> (2020)

<u>Pa</u>	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	35	7,3	60.
2	Total expenses (must equal Part IX, column (A), line 25).	2	35	1,7	41.
3	Revenue less expenses. Subtract line 2 from line 1	3		5,6	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-8	6,0	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10					
_	column (B))	10	-8	0,4	74.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te			
	Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
3A/	TEEA0112L 10/19/20	_	Form	990 (	2020)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number SOCIAL BRIDGE DBA COVENTURE 82-1024452 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 12 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		,,,	, , , , , , , , , , , , , , , , , , ,	,		_
Cale	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			- C(	YPC		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		IEN				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	C'					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in:	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				<u></u>
	Public support percentage for 20			ine 11, column (f)	)	14	%
15	Public support percentage from 2	2019 Schedule A,	Part II, line 14			15	%
16a	<b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization	ne organization d qualifies as a pul	id not check the b	oox on line 13, and organization	d line 14 is 33-1/3	3% or more, check	this box ►
b	<b>33-1/3% support test—2019.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	s test, check this b	pox and stop here	e. Explain in Part V	'l how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances'	ind-circumstances test. The organiza	s test, check this lation qualifies as	box and <b>stop here</b> a publicly support	e. Explain in Part Ved organization.	'I how the▶
18	<b>Private foundation.</b> If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support								
Calend	lar year (or fiscal year beginning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	and membership fees received. (Do not include				450.000	1.00 000			
2	any 'unusùal grants.')			69,296.	159,900.	179,383.	408,579.		
2	merchandise sold or services								
	performed, or facilities furnished in any activity that is								
	related to the organization's								
	tax-exempt purpose				130,462.	176,432.	306,894.		
3	Gross receipts from activities that are not an unrelated trade								
	or business under section 513.						0.		
4	Tax revenues levied for the								
	organization's benefit and either paid to or expended on								
_	its behalf						0.		
5	The value of services or facilities furnished by a								
	governmental unit to the						0		
c	organization without charge	0	0	60.006	200 262	255 015	0.		
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,	0.	0.	69,296.	290,362.	355,815.	715,473.		
	2, and 3 received from	_	_	_	_		_		
	disqualified persons.	0.	0.	0.	0.	0.	0.		
D	Amounts included on lines 2 and 3 received from other than								
	disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13								
	for the year	0.	0.	0.	0.	0.	0.		
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.		
8	<b>Public support.</b> (Subtract line 7c from line 6.)				76,		715,473.		
Sec	tion B. Total Support		-1	7 ()			715, 175.		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total		
	Amounts from line 6	Q <sub>m</sub>	0.	69,296.	290,362.	355,815.	715,473.		
	Gross income from interest, dividends,			03/230:	230,302.	333,013.	710/1701		
	payments received on securities loans, rents, royalties, and income from								
	similar sources			2.	10.	5.	17.		
b	Unrelated business taxable income (less section 511								
	taxes) from businesses								
	acquired after June 30, 1975	•			1.0		0.		
-	Add lines 10a and 10b Net income from unrelated business	0.	0.	2.	10.	5.	17.		
••	activities not included in line 10b,								
	whether or not the business is regularly carried on						0.		
12	Other income. Do not include						<u> </u>		
	gain or loss from the sale of capital assets (Explain in								
	Part VI.)						0.		
13	Total support. (Add lines 9,	0	0	(0, 200	200 272	255 020	715 400		
14	10c, 11, and 12.)	0. for the organization	on's first, second.	69,298.	290,372.	355,820.	715,490.		
	organization, check this box and	stop here					► X		
	tion C. Computation of Pul								
	Public support percentage for 20	•			•		<u> </u>		
	Public support percentage from 2					16	%		
	tion D. Computation of Inv				(6)	17	%		
	Investment income percentage for						%		
	Investment income percentage fit 33-1/3% support tests—2020. If the								
ıJa	is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	· · · · · · · · · · · · · · · · · · ·		
b	b 33-1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization		-				_		
	i iivate iouniuution. Ii tile organii	Lation ald Hot CHE	CIT OF DOX OIL HITE	, -, 13a, 01 13b, C	HOOK HIIS DOX AIIU	JOG ITISH UCHOITS.			

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

	11 0 0			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If Yes, answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Part	t IV	Supporting Organizations (continued)			
11	Lloc t	the examination eccented a gift or contribution from any of the following persons?		Yes	No
		the organization accepted a gift or contribution from any of the following persons?  son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
		overning body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
		controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sect	tion I	B. Type I Supporting Organizations		1	
1	Did #	he governing body, members of the governing body, officers acting in their official capacity, or membership of one		Yes	No
	or mo office organ than	ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
		g the tax year.	1		
	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sect	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
		ch of the organization's supported organization(s)? If No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
	organ	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	_	4 CU1			
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
			_		
	voice	ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
		mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	$\equiv$	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instri	ıctions	s)
·	ш'	The organization supported a governmental entity. Besenbe in Park 17 now you supported a governmental entity (see	moure	10110115	5).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
	suppo organ	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted			
		tantially all of its activities.	2a		
		he activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
	reasc	ons for the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in <b>Part VI.</b></i>	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its	Sa		
		orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors     (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	- 1	
3	Subtract line 2 from line 1d.	3	<b>3</b> Y	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	A		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2020

BAA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Line 8 amount divided by line 9 amount		10	
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)	7 (,0)		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
<b>d</b> Excess from 2019			
e Excess from 2020			
DAA		Calaadada A /Fa	000 000 EZ\ 0000

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Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization SOCIAL BRIDGE

## PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

	DBA CO	VENTURE	82-1024452
Organiza	ation type (check one	e):	
Filers of	:	Section:	
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundat	ion
		527 political organization	
Form 99	0-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		ered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General	Rule		
		iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totality one contributor. Complete Parts I and II. See instructions for determining a contributor.  described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/39	
Special	Rules	CLIE	
X	under sections 509(a received from any of	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, linguage contributor, during the year, total contributions of the greater of (1) \$5,000, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that
	during the year, total purposes, or for the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recall contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' address), II, and III.	tific, literary, or educational
	during the year, cor \$1,000. If this box i charitable, etc., pur	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such consistence, enter here the total contributions that were received during the year pose. Don't complete any of the parts unless the <b>General Rule</b> applies to this usively religious, charitable, etc., contributions totaling \$5,000 or more during the	ntributions totaled more than or for an <i>exclusively</i> religious, organization because
Cautions	: An organization tha	isn't covered by the General Rule and/or the Special Rules doesn't file Sched	lule B (Form 990, 990-EZ, or

990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

1

Name of organization

SOCIAL BRIDGE

82-1024452

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 2\_ **Payroll** 8<u>,</u>500. Noncash (Complete Part II for noncash contributions.) (a) No. (b) Name, address, and ZIP + 4 (c) Total (d) Type of contribution contributions Person 3\_ **Payroll** T-COP Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (b) (c) Total Name, address, and ZII contributions Person 4\_ **Payroll** 7,500. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total (b) Name, address, and ZIP + 4 contributions Person Χ 5 **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total (b) Name, address, and ZIP + 4 contributions Person 6 **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.)

Name of organization
SOCIAL BRIDGE
Employer identification number
82-1024452

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>12,500</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>5,000</u> .	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	C	5PY	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ - -	Person Payroll Complete Part II for noncash contributions.)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number SOCIAL BRIDGE 82-1024452

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (See instructions.) (d) Date received N/A (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (See instructions.) (a) No. from Part I (d) Date received (b) (c) FMV (or estimate) Description of noncash property given (See instructions.) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (d) (a) No. Date received from Part I (See instructions.)

Name of organization Employer identification number SOCIAL BRIDGE 82-1024452 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)............>\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization SOCIAL BRIDGE

Open to Public Inspection
Employer identification number

DB	A COVENTURE			82-1024452
Pai	t   Organizations Maintaining Donor	Advised Funds or Other	Similar Funds or A	ccounts.
	Complete if the organization answer	ered 'Yes' on Form 990, l	Part IV, line 6.	
		(a) Donor advised fur	nds (b	Funds and other accounts
1	Total number at end of year		,	
2	Aggregate value of contributions to (during year)			_
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
_	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the or	r advisors in writing that the as ganization's exclusive legal co	sets held in donor advis- ntrol?	ed funds Yes No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit o impermissible private benefit?	, and donor advisors in writing f the donor or donor advisor, c	that grant funds can be r for any other purpose of	used only conferring Yes No
	<u> </u>			
Pai		LD/ L	D 1 N / 1: 7	
	Complete if the organization answer			
1	Purpose(s) of conservation easements held by t	•	apply).	
	Preservation of land for public use (for example	e, recreation or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization hel last day of the tax year.	d a qualified conservation contrib	oution in the form of a cons	servation easement on the
				Held at the End of the Tax Year
	Total number of conservation easements		2a	_
	Total acreage restricted by conservation easeme		2b	
	Number of conservation easements on a certifie		~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(	Number of conservation easements included in structure listed in the National Register		2d	
3	Number of conservation easements modified, transf tax year ►	erred, released, extinguished, or	terminated by the organiza	ation during the
4	Number of states where property subject to conserve	ation easement is located >		
5	Does the organization have a written policy rega			
	and enforcement of the conservation easements	s it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, a	nd enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspect ►\$	ing, handling of violations, and e	nforcing conservation ease	ements during the year
8	Does each conservation easement reported on I and section 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the requ	irements of section 170(	h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repor include, if applicable, the text of the footnote to conservation easements.			
Pai	Organizations Maintaining Collect Complete if the organization answer			imilar Assets.
1:	If the organization elected, as permitted under F historical treasures, or other similar assets held Part XIII the text of the footnote to its financials	for public exhibition, education	n, or research in furthera	nd balance sheet works of art, nce of public service, provide in
	If the organization elected, as permitted under F historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, or re	revenue statement and te esearch in furtherance of p	palance sheet works of art, ublic service, provide the
	(i) Revenue included on Form 990, Part VIII, lir	ne 1		▶\$
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, his amounts required to be reported under FASB AS			
:	Revenue included on Form 990, Part VIII, line 1.			►\$
	Assets included in Form 990, Part X			
	, nosolo iniciadoa in i oinil 330, i alt A			······· *

3 Using the organization's accusation, accession, and other records, check any of the following that make significant use of its collection interes (check all that apply):  a   Public exhibition   d   Loan or exchange program    b   Scholarly research   e   Other    Pert VI   Proviser a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization's solicit or receive donations of art, historical treasures, or other similar assets   Yes   No Part IVI    Part IVI   Scrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IVI, line 21.  1 a is the organization an agent, instale, custodian or other intermediany for contributions or other assets not included   Yes   No bif Yes', explain the arrangement in Part XIII and complete the following table:  c Beginning belance.  c Beginning belance.  d Additione during the year.  e Distributions during the year.  1 Ending belance.  1 Ending belance.  1 Ending belance.  (a) Current year (b) Prior year (c) Two years tack (d) Three years back (e) Four years back (e) Four years back (d) Carnet year balance.  b Contributions.  1 Administrative expenses   Gallow organization answered 'Yes' on Form 990, Part IV, line 10.  1 Beginning of year balance.  b Contributions.  1 Administrative expenses   Gallow organization and provided or part years back (e) Four years back (for the organization by:  0 Unrelated organizations (for the organization shallow organization by:  1 Described organization (for expenses)   Gallow organization that are held and administered for the organization by:  1 Described organizations (for expenses)   Gallow organization organization organization (for expenses)   Gallow organization organization (for expense)   Gallow organization organization (for expense)   Gallow organization organization (for expense)   Gallow organization (for expense)   Gallow organization (for expense)   Gallow organization (for expense)   Gall	Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continu	ıed)
b   Scholarly research   c   Other	<b>3</b> Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that m	nake significant use of its	collection	
c   Fresenvation for future generations	a Public exhibition	<b>d</b> Loan	or exchange program			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for arise funds rather than to be maintained as part of the organization's collection?	<b>b</b> Scholarly research	e Other				
Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization's collection?  Part IV Ecrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 91.  1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:    Complete the arrangement in Part XIII and complete the following table:    Complete the explanation of the part XIII and complete the following table:   Complete the explanation of the part XIII and complete the following table:	c Preservation for future generations	_				
To be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No		tions and explain how they	/ further the organization's	s exempt purpose in		
Iline 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  bit Yes, explain the arrangement in Part XIII and complete the following table:    C Beginning balance.	to be sold to raise funds rather than to be ma	intained as part of the c	organization's collection	?		
on Form 990. Part X?.	Part IV   Escrow and Custodial Arranger   line 9, or reported an amount or	<b>nents.</b> Complete if t i Form 990, Part X,	the organization and line 21.	swered 'Yes' on Fo	rm 990, Par	t IV,
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount	1 a Is the organization an agent, trustee, custodia on Form 990. Part X?	an or other intermediary	for contributions or other	er assets not included	☐ Yes 「	□No
c Beginning balance. d Additions during the year. e Distributions during the year. 1 e 1 f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						
d Additions during the year.  e Distributions during the year.  f Ending balance.  1					Amount	
e Distributions during the year.  f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	<b>c</b> Beginning balance			1с		
f Ending balance.  2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	<b>d</b> Additions during the year			1 d		
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e Distributions during the year					
Part V   Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.    1 a   Beginning of year balance						
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.  1a Beginning of year balance					L	No
1 a Beginning of year balance	<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explai	nation has been provide	ed on Part XIII		
1 a Beginning of year balance	Dart V Francisco L Francis Consolidado	11		000 David IV / I'	10	
1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the durrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >						
b Contributions	* * *	t year (b) Prior yea	(c) Two years back	(a) Three years back	(e) Four year	S Dack
c Net investment earnings, gains, and losses. d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance					+	
and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \( \) \( \) \( \) \( \) \( \) Ermanent endowment \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \(\						
d Grants or scholarships						
e Other expenditures for facilities and programs.  f Administrative expenses. g End of year balance.  2 Provide the estimated percentage of the durrent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			- ACT		_	
and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment   b Permanent endowment   c Term endowment   The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other depreciation  1a Land.  b Buildings.  c Leasehold improvements.  c Leasehold improvements.  11, 624.  62.  11, 562.  d Equipment.  2 Other  3 918.  2, 352.  1, 566.  e Other  44, 369.  4, 680.  39, 689.	' ·		<del>- ( . U .</del>			
g End of year balance						
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment   b Permanent endowment   The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations   b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?   4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value (d) B	f Administrative expenses					
a Board designated or quasi-endowment ▶	3					
b Permanent endowment   c Term endowment   The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations   (ii) Related organizations   3a(i)   3a(i)   3a(ii)   3a(ii)   3a(ii)   3a(ii)   4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property   (a) Cost or other basis   (investment)   (investment)   (b) Cost or other depreciation   (c) Accumulated depreciation   (d) Book value   (investment)   1 a Land.    b Buildings.   c Leasehold improvements.   11,624   62   11,562   44,369   44,369   4,680   39,689 .		ent year end balance (lin	ne 1g, column (a)) held	as:		
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations		%				
The percentages on lines 2a, 2b, and 2c should equal 100%.  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations.  (ii) Related organizations.  (iii) Related organizations.  (iii) Related organizations.  (iv) In a 3a(iv)		\$				
3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1 a Land.  b Buildings.  c Leasehold improvements.  c Leasehold improvements.  d Equipment  3,918. 2,352. 1,566. e Other.  44,369. 4,680. 39,689.						
organization by:  (i) Unrelated organizations  (ii) Related organizations  b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1 a Land.  b Buildings.  c Leasehold improvements.  c Leasehold improvements.  d Equipment  3,918.  2,352.  1,566.  e Other  44,369.  4,680.  39,689.	The percentages on lines 2a, 2b, and 2c should	equal 100%.				
(i) Unrelated organizations (ii) Related organizations b   Factorial Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value  1a Land. b Buildings. c Leasehold improvements. 11,624. 62. 11,562. d Equipment. 2,352. 1,566. e Other. 44,369. 4,680. 39,689.	3 a Are there endowment funds not in the possession	n of the organization that a	are held and administered	I for the		
(ii) Related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1a Land.  b Buildings.  c Leasehold improvements.  d Equipment  3,918.  2,352.  1,566. e Other	,					No
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land.  b Buildings.  c Leasehold improvements.  c Leasehold improvements.  d Equipment.  3,918.  2,352.  1,566.  e Other.  44,369.  4,680.  39,689.	**					
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1 a Land.  b Buildings.  c Leasehold improvements.  d Equipment.  3,918.  2,352.  1,566. e Other.	• •					
Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (a) Book value  (b) Buildings.  (c) Leasehold improvements.  (d) Book value	. //	•			. 3D	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1 a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  200, Accumulated depreciation  (d) Book value  11, 624  11, 624  3, 918  2, 352  1, 566  44, 369  4, 680  39, 689.			ent iunas.			
Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation			m 000 Dort IV line	110 Coo Form 00	O Dort V li	no 10
to Buildings.     11,624.     62.     11,562.       d Equipment.     3,918.     2,352.     1,566.       e Other.     44,369.     4,680.     39,689.		,		1		
1a Land	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book va	alue
b Buildings       11,624.       62.       11,562.         c Leasehold improvements       3,918.       2,352.       1,566.         e Other       44,369.       4,680.       39,689.	<b>1 a</b> Land	(IIIVOSUIICIII)	50515 (00101)	doprociation		
c Leasehold improvements.       11,624.       62.       11,562.         d Equipment.       3,918.       2,352.       1,566.         e Other.       44,369.       4,680.       39,689.						
d Equipment     3,918     2,352     1,566       e Other     44,369     4,680     39,689	5		11 624	62	11	. 562
e Other	•					
1 27,000,1 27,000,1						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,				

BAA Schedule D (Form 990) 2020

Part VII Investments – Other Securities.	l'Voc' on Form 99(	N/A	000 Part V line 12
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	(b) Book value	(C) Michiga of Valuation. Cost of Cha-	or-year market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments – Program Related.	l'Vac' on Form 000	N/A O Bart IV lina 11a Saa Farm (	000 Part V lina 12
Complete if the organization answered  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
(1)	(b) Book value	(c) Wethod of Valuation. Gost of Chic	d of year market value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			
Part IX Other Assets. Complete if the organization answered	N/A	Dept IV line 11d See Form (	000 Part V lina 15
	scription	o, raitiv, line rid. See roini s	(b) Book value
(1)			(a) = con const
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> <u>(7)</u>			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (l	B) line 15.)		-
Part X Other Liabilities.			_
Complete if the organization answered 'Yes' on F		1e or 11f. See Form 990, Part X, line 25	
	iption of liability		(b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)	-		
(6)			
(7)			
(8)			
(9)			
(10) (11)			
		•	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			<u> </u>
tay positions under FASR ASC 7/10. Check here if the text of the footnote has		manciai statements that reports the organizations	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of Second Secon	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Ab  b Other (Describe in Part XIII.)	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2e

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2020

### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOCIAL BRIDGE DBA COVENTURE Employer identification number

82-1024452

Form 990, Part VI, Line 11b - Form 990 Review Process

BOARD REVIEW AND APPROVAL.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.



## **2021 Exempt Org. Return** prepared for:

SOCIAL BRIDGE DBA COVENTURE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601



Marc L. Whitman, CPA 118 W. 6th St., Suite 25 Glenwood Springs, CO 81601

### MARC L. WHITMAN, CPA 118 W. 6TH ST., SUITE 25 GLENWOOD SPRINGS, CO 81601 (970) 945-6355

March 16, 2022

SOCIAL BRIDGE DBA COVENTURE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601

Dear Client:

Your 2021 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Janet L. Wolf, CPA



### Form **8879-TE**

### IRS e-file Signature Authorization for a Tax Exempt Entity

ioi a rax =	compt = mary		
vear 2021, or fiscal year beginning	. 2021, and ending	. 20	

For calendar y

EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer SOCIAL BRIDGE

► Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

COVENTURE 82-1024452 Name and title of officer or person subject to tax MICHAEL LOWE EXECUTIVE DIRECTOR Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 2a Form 990-EZ check here.. > 3a Form 1120-POL check here ▶ 4a Form 990-PF check here . . ▶ 5a Form 8868 check here . . . . ▶ 6a Form 990-T check here. . . . ▶ 7a Form 4720 check here . . . . ▶ 8a Form 5227 check here . . . . . 9a Form 5330 check here . . . . ▶ 10a Form 8038-CP check here. ▶ **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of entity)

and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize MARC L. WHITMAN, as my signature to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date ▶ Part III **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

84500103746

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► JANET L. WOLF, CPA

### **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service 2021, and ending , 20 For the 2021 calendar year, or tax year beginning Check if applicable: D Employer identification number Address change SOCIAL BRIDGE 82-1024452 DBA COVENTURE Telephone number Name change 1912 MIDLAND AVENUE (970) 319-5041 Initial return GLENWOOD SPRINGS, CO 81601 Final return/terminated **G** Gross receipts \$ Amended return 380,078 H(a) Is this a group return for subordinates F Name and address of principal officer: Application pending Yes **H(b)** Are all subordinates included? If "No," attach a list. See instructions. SAME AS C ABOVE Yes Nο Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( (insert no.) Website: ▶ H(c) Group exemption number Form of organization: M State of legal domicile: CO X Corporation Association 2017 Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER COMMUNITY THROUGH EDUCATION AND SUSTAINABLE PROJECTS TO PROVIDE ECONOMIC DEVELOPMENT WITHIN OUR COMMUNITIES Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 5 0 Total number of volunteers (estimate if necessary)..... 6 8

Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
			Prior Year		Current Year
<b>a</b>	8	Contributions and grants (Part VIII, line 1h).	179,3	83.	196,954.
Sevenue	9	Program service revenue (Part VIII, line 2g)	176,4	32.	183,123.
ķ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,5	45.	1.
๕	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	357,3	60.	380,078.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part X, column (A), line 4)			
<b>(</b> 0	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			22,500.
use	16 a	Professional fundraising fees (Part IX, column (A), line 11e)			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ► 53, 312.			
ΔÌ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	351,7	41.	376,664.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	351,7	41.	399,164.
	19	Revenue less expenses. Subtract line 18 from line 12	5,6	19.	-19,086.
r S			Beginning of Curren	t Year	End of Year
ag à	20	Total assets (Part X, line 16)	59,4	66.	60,380.
Ass d Ba	21	Total liabilities (Part X, line 26)	139,9	40.	159,940.
Εğ	22	Net assets or fund balances. Subtract line 21 from line 20	-80,4	74.	-99,560.

| Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		D	ate			
Sign Here	MICHAEL LOWE		EXECUTIVE DIRECTOR				
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
Paid	JANET L. WOLF, CPA	JANET L. WOLF, CPA		self-employed	P00428815		
Preparer	Firm's name MARC L. WHITM						
Use Only	Firm's address • 118 W. 6TH ST		Firm's EIN ► 84-1293097				
	GLENWOOD SPR	Phone no. (970) 945-6355					
May the IRS	discuss this return with the preparer	shown above? See instructions			Y Voc No		

Par	t III	Statement of Program Service Acc			
	D : (1	Check if Schedule O contains a response of	r note to any line in this Part III		
1	-	describe the organization's mission:	IICAMTON AND CHEMATNADIR	DDO TECHE HO DDOUTDE ECONOMIC	
				PROJECTS TO PROVIDE ECONOMIC	
	<u>DEV.</u>	ELOPMENT WITHIN OUR COMMUNIT	IES		
2	Did th	e organization undertake any significant program	services during the year which were no	ot listed on the prior	
	Form	990 or 990-EZ?		Yes X	No
	If "Yes	s," describe these new services on Schedule O.			
3	Did th	e organization cease conducting, or make sig	gnificant changes in how it conducts,	any program services? Yes X	No
	If "Yes	s," describe these changes on Schedule O.			
4	Section	ibe the organization's program service accomen 501(c)(3) and 501(c)(4) organizations are evenue, if any, for each program service reposers.	required to report the amount of gran	est program services, as measured by expense tts and allocations to others, the total expenses	es. S,
4 a	(Code	: ) (Expenses \$ 282.2	25. including grants of \$	) (Revenue \$	)
				HOSTED 21 ONLINE EVENTS WITH	
				, COLLABORATION AND COMMUNITY	
				E CO-WORKING SPACE AND AN	
	ADD	ITIONAL 624 MEMBERS WHO RECE	IVE COMMUNICATIONS FROM	COVENTURE.	
				<b>A</b>	
4 b	(Code	:) (Expenses \$	including grants of \$	) (Revenue \$	)
			46N		
4 -	(Cada	, (Eyranaa ¢	including grants of C	) (Revenue \$	
4 C	(Code	) (Expenses \$		) (Revenue \$	)
			- – – – – – – – – – – – – – – – – – – –		
4 d	Other	program services (Describe on Schedule O.)			
	(Ехре		grants of \$	) (Revenue \$	
10			282 225	· · · · · · · · · · · · · · · · · · ·	

# Form 990 (2021) SOCIAL BRIDGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	-110
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

# Form 990 (2021) SOCIAL BRIDGE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
1	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	former officer, director, trusteé, key employee, créator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
;	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  'Yes,' complete Schedule L, Part IV	28a		Х
I	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L. Part IV	28b		Х
,	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1 c		
BAA	TEEA0104L 09/22/21	Form	1 <b>990</b> (	(2021

Form 990 (2021) SOCIAL BRIDGE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	olf 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
ŀ	of If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	I If 'Yes,' indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
٥	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
0	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	13		Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q.................. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?. 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe on Χ Schedule O how this was done ...... 12c **13** Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

MICHAEL LOWE 1912 MIDLAND AVENUE GLENWOOD SPRINGS CO 81601 (970) 319-5041

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.	
				(C)	)					
(A) Name and title	(B) Average hours	director/trustee)					on	(D)  Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
_(1) MICHAEL LOWEEXECUTIVE DIR.	$-\frac{40}{0}$	Х						22,500.	0.	0.
(2) TYLER MOEBIUS PRESIDENT	4	Х		X				<b>OY</b> 0.	0.	0.
(3) ALAN ROZANSKY SECRETARY	4	X	1	Х		-		0.	0.	0.
(4) ALICE HACKNEY TREASURER	$-\frac{4}{0}$	X		Х				0.	0.	0.
(5)										
(6)										
(7)		-								
(8)										
(9)										
(10)										
(11)		-								
(12)										
(13)										
(14)										

Form 990 (2021) SOCIAL BRIDGE									82-102445	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	Average hours per week	box	, unle	heck ss pe	sition more	than of the thick the thic	an ee)	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
<u>(15)</u>										
(16)										
(17)										
(18)										
<u>(19)</u>										
(20)										
(21)										
(22)										
(23)								Yan		
(24)			1	1				,		
(25)	-14		7							
1 b Subtotal							>	22,500.	0.	0
c Total from continuation sheets to Part VII, Section 17						'	<b>&gt;</b>	0.	0.	0
d Total (add lines 1b and 1c)							/ed	22,500. more than \$100.00	0.	0 pensation
from the organization • 0	10 111030 1	iotou	abo.		1110	100011	700	more than pree,ee	o or reportable com	701100 ti 011
3 Did the organization list any former officer, direc	tor, truste	e, ke	ey er	nplo	oyee	e, or h	nigh	nest compensated	employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for suc  4 For any individual listed on line 1a, is the sum of	reportab	le co	mpe	nsa	ition	and	oth	er compensation		. <b>3</b> X
the organization and related organizations greate such individual										. 4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	isatio ete So	on fro ched	om i Iule	any <i>J fo</i>	unrel <i>r suc</i>	late h p	d organization or erson	individual	. 5 X
Section B. Independent Contractors									¢100.000 (	
1 Complete this table for your five highest compen compensation from the organization. Report compen	sated indi sation for	epen the c	dent alent	cor dar <u>y</u>	ntrad year	ctors endir	tna ng w	t received more to vith or within the or	ganization's tax yea	٠.
(A) Name and business addi	ress							Description of	of services	(C) Compensation
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o tho	se I	isted	d abov	/e) \	who received more	than	

# Form 990 (2021) SOCIAL BRIDGE Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	y line in this Part V	TIL		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a b c d e f	Federated campaigns				
ontrik nd Ot	g	Noncash contributions included in lines 1a-1f				
	h	Total. Add lines 1a-1f Business Code	196,954.			
Program Service Revenue	2 a	CO-WORKING FEES	183,123.	183,123.		
e Re	b					
ervic	d					
am S	е					
rogr		All other program service revenue ►  Total. Add lines 2a-2f	183,123.			
	3	Investment income (including dividends, interest, and	·			_
	4	other similar amounts)	1.			1.
	5	Royalties				
	6 a	Gross rents		PA		
		Less: rental expenses 6b	17 C	Ot .		
		Rental income or (loss) 6c Net rental income or (loss)	47 0			
		Gross amount from (i) Securities (ii) Other	14.			
		sales of assets other than inventory Less: cost or other basis and sales expenses 7b				
		Gain or (loss)				
	_	Net gain or (loss)				
Other Revenue	8 а	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
er R	h	See Part IV, line 18         8 a           Less: direct expenses         8 b				
G		Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold  Net income or (loss) from sales of inventory				
S		Business Code				
Miscellaneous Revenue	11 a					
Men Men	11 a b c d					
Re	d	All other revenue				
	е	Total. Add lines 11a-11d				
	12	<b>Total revenue.</b> See instructions ▶	380,078.	183,123.	0.	1.

	rt IX Statement of Functional E				
Sect	tion 501(c)(3) and 501(c)(4) organizations m	ust complete all columns. All ot	her organizations must co	omplete column (A).	
	Check if Schedule O conta	ains a response or note to any	y line in this Part IX		
Do i 6b, i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic government See Part IV, line 21	S			
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and fo eign individuals. See Part IV, lines 15 a	r- nd 16			
4 5	Benefits paid to or for members Compensation of current officers, direct trustees, and key employees	ors,	15,750.	3,375.	3,375.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons describe in section 4958(c)(3)(B)	ed ====================================	0.	0.	0.
7	Other salaries and wages		0.	0.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	,				
	Fees for services (nonemployees):				
	a Management	00,00=:	45,746.	9,803.	9,803.
	c Accounting			6,087.	
	d Lobbying	0,00.0		0,007.	
	e Professional fundraising services. See Part IV, line				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, o		- C.U.		
_	(A), amount, list line 11g expenses on Schedule O.	)			
	Advertising and promotion		3,704.	794.	794.
13	•		7,713.	1,653.	1,653.
14	33		1,928.	413.	414.
15	Royalties		111 100	00.005	
16	Occupancy		144,133.	30,885.	30,886.
17	Travel	8,356.	5,849.	1,253.	1,254.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	, , , , , , , , , , , , , , , , , , , ,				
20	Interest			17.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	-,,,,,,	6,342.	1,359.	1,359.
23	Insurance	2,878.	2,015.	431.	432.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expens on line 24e. If line 24e amount exceeds 10 of line 25, column (A), amount, list line 24e expenses on Schedule O.)	%			
а	PARTNER PROGRAM	32,649.	32,649.		
	MEALS	6,829.	4,780.	1,024.	1,025.
c	CONTINUING EDUCATION	6,725.	4,708.	1,008.	1,009.
	d TELEPHONE	4,422.	3,095.	663.	664.
e	e All other expenses	9,319.	3,813.	4,862.	644.
25	Total functional expenses. Add lines 1 through 24	le 399,164.	282,225.	63,627.	53,312.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	any li	ne in this Part X	<u></u>	<u></u> .	· · · · · · · · · · · · · · · · · · ·
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			6,649.	1	1,837.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5			
				3			
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), and persons described in section		6			
	7	Notes and loans receivable, net				7	
\$	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges				9	
¥	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	74,696.			
		Less: accumulated depreciation		16,154.	52,817.	10 c	58,542.
	11	Investments – publicly traded securities			02/01/1	11	00/0121
	12	Investments – other securities. See Part IV, line 11		F		12	
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15	1.		
	16	Total assets. Add lines 1 through 15 (must equal line		H	59,466.	16	60,380.
	17	Accounts payable and accrued expenses			17	20,000.	
	18	Grants payable		<b>6 1</b>	18	20,000.	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities	, ,	20			
S	21	Escrow or custodial account liability. Complete Part I	V of So	hedule D		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, di	rector, trustee,			
jat		controlled entity or family member of any of these per	sons.		139,940.	22	139,940.
i	23	Secured mortgages and notes payable to unrelated the			•	23	•
	24	Unsecured notes and loans payable to unrelated third	parties	S		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			139,940.	26	159,940.
Jces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	. ►				
쿌	27	Net assets without donor restrictions				27	
m	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	<b>∀</b> X				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment		L.		30	
155	31	Retained earnings, endowment, accumulated income,	or oth	er funds	-80,474.	31	-99,560.
1.	32	Total net assets or fund balances			-80,474.	32	-99,560.
ž	33	Total liabilities and net assets/fund balances			59,466.	33	60,380.
RΔ	۸		TEFA011	1L 09/22/21			Form <b>990</b> (2021)

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	38	0,078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39	9,164.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	9,086.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-8	0,474.
5	Net unrealized gains (losses) on investments.	5		-
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	0	0 560
Da	column (B))	10	-9	9 <b>,</b> 560.
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			
			<u>`</u>	'es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a		
	b Were the organization's financial statements audited by an independent accountant?		. 2b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	te		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		. 3a	X
!	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	it 	. 3b	
BAA	TEEA0112L 09/22/21		Form <b>9</b>	90 (2021)

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number SOCIAL BRIDGE DBA COVENTURE 82-1024452 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 12 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		nea below, picasi	c complete i art iii	1.)			
	ndar year (or fiscal year							
begi	nning in) 🟲	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			- C(	PY			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	~1	IEN					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	G'						
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc. (see in	structions)			12		
	<b>First 5 years.</b> If the Form 990 is organization, check this box and	stop here		, third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶ □	
	tion C. Computation of Pul							
	Public support percentage for 20	•			•	-	<u>%</u> %	
	Public support percentage from 2 33-1/3% support test—2021. If the							
	and <b>stop here.</b> The organization	qualifies as a pu	blicly supported o	organization				
b	<b>33-1/3% support test—2020.</b> If th and <b>stop here.</b> The organization	e organization di qualifies as a pu	a not check a box blicly supported o	c on line 13 or 16a organization	a, and line 15 is 3	კ-I/კ% or more, c	neck this box	
17a	7a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶							
	<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.							
18	<b>Private foundation.</b> If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions >	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						,	
Calendar year (or fiscal year beginning in) ►		<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total	
	Gifts, grants, contributions,							
	and membership fees received. (Do not include any 'unusual grants.')		60 206	150 000	170 202	100 054	605 533	
2	Gross receipts from admissions,		69,296.	159,900.	179,383.	196,954.	605,533.	
_	merchandise sold or services							
	performed, or facilities furnished in any activity that is							
	related to the organization's tax-exempt purpose			120 462	176 422	102 102	400 017	
3	Gross receipts from activities			130,462.	176,432.	183,123.	490,017.	
-	that are not an unrelated trade or business under section 513.						•	
4	Tax revenues levied for the						0.	
•	organization's benefit and							
	either paid to or expended on its behalf						0.	
5	The value of services or						<u> </u>	
	facilities furnished by a governmental unit to the							
_	organization without charge						0.	
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,	0.	69,296.	290,362.	355,815.	380,077.	1,095,550.	
/d	2, and 3 received from							
_	disqualified persons	0.	0.	0.	0.	0.	0.	
b	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13							
	for the year	0.	0.	0.	0.	0.	0.	
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.	
8	<b>Public support.</b> (Subtract line 7c from line 6.)		T		) / I		1,095,550.	
Sec	tion B. Total Support		4	7 ()			1,000,000.	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f) Total	
	Amounts from line 6	Q <sub>s</sub>	69,296.	290,362.	355,815.	380,077.	1,095,550.	
10a	Gross income from interest, dividends,			,	,	, -	, , , , , , , , , , , , , , , , , , , ,	
	payments received on securities loans, rents, royalties, and income from	U						
L	similar sources	•	2.	10.	5.	1.	18.	
b	Unrelated business taxable income (less section 511							
	taxes) from businesses acquired after June 30, 1975	axes) from businesses						
r	acquired after Julie 30, 19/5						^	
	·	n	2	10	5	1	<u>0.</u> 18	
11	Add lines 10a and 10b Net income from unrelated business	0.	2.	10.	5.	1.	0. 18.	
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b,	0.	2.	10.	5.	1.	0. 18.	
	Add lines 10a and 10b	0.	2.	10.	5.	1.	0. 18.	
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include	0.	2.	10.	5.	1.		
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in	0.	2.	10.	5.	1.	0.	
12	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0.	2.	10.	5.	1.		
12	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in	0.	69,298.	290,372.	5. 355,820.	380,078.	0.	
12	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is	0.	69,298.	290,372.	355,820.	380,078.	0. 0. 1,095,568.	
12 13 14	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is organization, check this box and	0. for the organizatiostop here	69,298. on's first, second, t	290,372.	355,820.	380,078.	0. 0. 1,095,568.	
12 13 14 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and extion C. Computation of Pul	0. for the organizationstop hereblic Support P	69,298. on's first, second, technology	290,372. third, fourth, or fit	355,820. ith tax year as a s	380,078. ection 501(c)(3)	0. 0. 1,095,568. ► X	
12 13 14 <b>Sec</b> 15	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is organization, check this box and exition C. Computation of Pul Public support percentage for 20	0. for the organization stop here	69,298. on's first, second, the ercentage on (f), divided by lin	290,372. third, fourth, or fit	355,820. ith tax year as a s	380,078. ection 501(c)(3)	0. 0. 1,095,568. ► X	
12 13 14 <b>Sec</b> 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is organization, check this box and stion C. Computation of Pul Public support percentage for 20 Public support percentage from 20	0. for the organization stop here blic Support Pical (line 8, columnia) (2020 Schedule A,	69,298. on's first, second, the second of th	290,372. third, fourth, or fit	355,820. ith tax year as a s	380,078. ection 501(c)(3)	0. 0. 1,095,568. ►X	
12 13 14 Sec 15 16 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is organization, check this box and action C. Computation of Pulpublic support percentage for 20. Public support percentage from action D. Computation of Invertice of the support percentage from action D. Computation of Invertice of the support percentage from action D. Computation of Invertice of the support percentage from a support percentage from a support percentage from D. Computation of Invertice of the support percentage from the support percentage for the support percentage for the support percentage for the support percentage f	for the organization stop here	69,298. on's first, second, to the contage of (f), divided by line Part III, line 15 ne Percentage	290,372. third, fourth, or fit	355,820. ith tax year as a s	380,078. ection 501(c)(3) 	0. 0. 1,095,568. ► X	
12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is organization, check this box and extion C. Computation of Pulpulic support percentage for 20 Public support percentage from 20 Investment income percentage for 20 Investment Income percentage Investment Income percentage Investment Investment Investment Inves	for the organization stop hereblic Support Pile 1 (line 8, column 2020 Schedule A, estment Incomor 2021 (line 10c,	69,298. on's first, second, to ercentage on (f), divided by line Part III, line 15 one Percentage column (f), divided	290,372. third, fourth, or fit	355,820. ith tax year as a s	380,078. ection 501(c)(3) 	0. 0. 1,095,568. ► X %	
12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and exition C. Computation of Pul Public support percentage for 20 Public support percentage from settion D. Computation of Investment income percentage for lovestment l	for the organization stop hereblic Support Pile 1 (line 8, column 2020 Schedule A, estment Incomor 2021 (line 10c, rom 2020 Schedul	69,298. on's first, second, the second of th	290,372. third, fourth, or fit third, fourth, or fit third, fourth, or fit third, for fit third,	355, 820. ith tax year as a s	380,078. ection 501(c)(3)	0. 0. 1,095,568. ► X % %	
12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and etion C. Computation of Pul Public support percentage for 20 Public support percentage from action D. Computation of Investment income percentage for 33-1/3% support tests—2021. If it is not more than 33-1/3%, check	for the organization stop hereblic Support P 121 (line 8, column 2020 Schedule A, estment Incomor 2021 (line 10c, rom 2020 Schedule the organization de this box and stop	69,298. on's first, second, to the control of the c	290, 372. third, fourth, or fit	355,820.  ith tax year as a s  mn (f)).  d line 15 is more to sa publicly suppo	380,078. ection 501(c)(3)	0.  1,095,568.	
12 13 14 Sec 15 16 Sec 17 18 19a	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and etion C. Computation of Pul Public support percentage for 20 Public support percentage from the sale of capital support percentage from 20 Public support percentage from 20 Pu	for the organization stop hereblic Support Pi21 (line 8, column 2020 Schedule A, estment Incomor 2021 (line 10c, rom 2020 Schedule the organization de this box and stop the organization de the organi	69,298. on's first, second, to the content of the c	290, 372. third, fourth, or fif	355, 820.  Ith tax year as a s  mn (f)).  I line 15 is more to see a publicly suppose 19a, and line 16	380,078. ection 501(c)(3)	0.  1,095,568.	
12 13 14 Sec 15 16 Sec 17 18 19a b	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is organization, check this box and etion C. Computation of Pul Public support percentage for 20 Public support percentage from action D. Computation of Investment income percentage for 33-1/3% support tests—2021. If it is not more than 33-1/3%, check	for the organization stop hereblic Support P 121 (line 8, column 2020 Schedule A, estment Incommor 2021 (line 10c, rom 2020 Schedule the organization dentities box and stop), check this box and stop, check this box and stop), check this box and stop, check this box and stop).	69,298. on's first, second, to the contage of (f), divided by line 15  ne Percentage column (f), divided e A, Part III, line fid not check the bookers. The organization of check a box and stop here. The	290, 372. third, fourth, or fit	355,820.  Th tax year as a second of the tax year as a publicly suppose 19a, and line 16 allifies as a publicly suppose 19a, and line 16	380,078. ection 501(c)(3)	0.  1,095,568.	

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes, answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	1 <b>0</b> a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 <b>0</b> b		

Pai	<u>rt IV</u>	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
	the g	overning body of a supported organization?	11a		
ı	A fan	nily member of a person described on line 11a above?	11b		
		5 controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion I	B. Type I Supporting Organizations		1	
1	or mo office organ than	the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's errs, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers		Yes	No
2	during Did th that c	the tax year.  the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	1		
		orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sac	- '	D. All Type III Supporting Organizations	l		
360	, tion i	b. All Type III Supporting Organizations		Yes	No
1	orgar vear.	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reavoice	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
Sac		is regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
á	a ∐ T	The organization satisfied the Activities Test. Complete line 2 below.			
ı	<b>b</b> ∐ ⊤	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
í	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> **nizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
ı	more reaso	the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the part for the organization's position that its supported organization(s) would have engaged in these activities	2b		
	but fo	or the organization's involvement.	ZD		
		nt of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
i	Did the each	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a		
I		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
á	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
•	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C — Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).						

BAA Schedule A (Form 990) 2021

	, , , , , , , , , , , , , , , , , , , ,			
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organizat	t <b>ions</b> (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	1		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of su	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - provide	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	details 8		
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	10		
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)	4 (,0)		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	1		
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 SOCIAL BRIDGE 82-1024452 Page **8** 

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



# Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

2224

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization SOCIAL BRIDGE

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 2021

OMB No. 1545-0047

	DBA COVENTURE	82-1024452
Organization type	e (check one):	
Filers of:	Section:	
Form 990 or 990-	EZ $\overline{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated a	as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
	ization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . ion 501(c)(7), (8), or (10) organization can check boxes for both the G	eneral Rule and a Special Rule. See instructions.
For an o	organization filing Form 990, 990-EZ, or 990-PF that received, during t (in money or property) from any one contributor. Complete Parts I and II. S butor's total contributions.	
Special Rules	CLIEN	
regulation 16b, and	organization described in section 501(c)(3) filing Form 990 or 990-EZ tons under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A d that received from any one contributor, during the year, total contributor the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ,	(Form 990), Part II, line 13, 16a, or utions of the greater of (1) \$5,000; or
contribu literary,	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 99 utor, during the year, total contributions of more than \$1,000 exclusives or educational purposes, or for the prevention of cruelty to children or column (b) instead of the contributor name and address), II, and III.	ly for religious, charitable, scientific,
contribu contribu during t <b>Genera</b> l	organization described in section 501(c)(7), (8), or (10) filing Form 990 ator, during the year, contributions exclusively for religious, charitable, ations totaled more than \$1,000. If this box is checked, enter here the the year for an exclusively religious, charitable, etc., purpose. Don't co I Rule applies to this organization because it received nonexclusively r \$5,000 or more during the year.	etc., purposes, but no such total contributions that were received mplete any of the parts unless the eligious, charitable, etc., contributions
	nization that isn't covered by the General Rule and/or the Special Rule	

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

SOCIAL BRIDGE

82-1024452

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>10,120.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>20,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <b>5</b> ,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		\$ <u>10,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
	TFFA0702L 10/06/21		chadula P (Farm 000) (2021)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total contributions (a) No. Person Χ **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 8\_\_ **Payroll** 47,500. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 9 **Payroll** Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (b) (c) Total contributions Name, address, and ZII Person 10 **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person <u>11</u> **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SOCIAL BRIDGE 82-1024452

raitii	INDICASTI Property (see instructions). Use auplicate copies of Part II if additional sp	ace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CLASSIC CLASSIC CONTRACTOR OF THE CONTRACTOR OF	Ş	
(a) No		(2)	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	L		
		\$	

Employer identification number 82-1024452

Part III	exclusively religious, charitable, etcor (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states.)	ne year from any one contributory Impleting Part III, enter the total of Enter this information once. See in	exclusively religious, charitable, etc.,					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A							
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee							
		CNTC	-) <del> </del>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift	I					
	Transferee's name, address		Relationship of transferor to transferee					

# SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

SOCIAL BRIDGE DBA COVENTURE

DBA COVENTURE	82-1024452
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) F	funds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control?	funds Yes No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose compermissible private benefit?	nferring
Part II Conservation Easements.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
	orically important land area
Protection of natural habitat Preservation of a certi	fied historic structure
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conser	austion accoment on the
last day of the tax year.	valion easement on the
	Held at the End of the Tax Year
a Total number of conservation easements. 2a	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization tax year ►	on during the
4 Number of states where property subject to conservation easement is located ▶	
<b>5</b> Does the organization have a written policy regarding the periodic monitoring, inspection, handling of vio and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	esements during the year
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem</li> <li>▶\$</li> </ul>	ents during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h) and section 170(h)(4)(B)(ii)?	(4)(B)(i) Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense st include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	tatement and balance sheet, and e organization's accounting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Sin	nilar Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furtherance Part XIII the text of the footnote to its financial statements that describes these items.	d balance sheet works of art, ee of public service, provide in
<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ba historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub following amounts relating to these items:</li> </ul>	lance sheet works of art, lic service, provide the
(i) Revenue included on Form 990, Part VIII, line 1.	►\$
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶\$
<b>b</b> Assets included in Form 990, Part X	

Part III Organizations Maintaining Coll	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (contin	ued)						
<b>3</b> Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that n	nake significant use of its	collection							
a Public exhibition	<b>d</b> Loan	or exchange program									
<b>b</b> Scholarly research	e Other										
c Preservation for future generations	Preservation for future generations										
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma	aintained as part of the o	organization's collection	.?	Yes	No						
Part IV   Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if the Form 990, Part X,	the organization an line 21.	iswered 'Yes' on Fo	orm 990, Pa	irt IV,						
1 a Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermediary	for contributions or oth	er assets not included	Yes	No						
<b>b</b> If 'Yes,' explain the arrangement in Part XIII				□ .••	□						
, ,	·	3		Amount							
c Beginning balance			1c								
<b>d</b> Additions during the year			1 d								
e Distributions during the year			1 e								
<b>f</b> Ending balance			1f								
2 a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodia	account liability?	Yes	No						
<b>b</b> If 'Yes,' explain the arrangement in Part XIII.	Check here if the explar	nation has been provide	ed on Part XIII								
Part V Endowment Funds. Complete if											
(a) Currer	t year (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four yea	ars back						
1 a Beginning of year balance											
<b>b</b> Contributions											
c Net investment earnings, gains,											
and losses											
d Grants or scholarships		- C.U.									
e Other expenditures for facilities and programs											
f Administrative expenses	ICN										
g End of year balance											
2 Provide the estimated percentage of the curr	ent year end balance (lin	ne 1g, column (a)) held	as:								
a Board designated or quasi-endowment ▶	%										
<b>b</b> Permanent endowment ►	0										
c Term endowment ► %											
The percentages on lines 2a, 2b, and 2c should	equal 100%.										
3 a Are there endowment funds not in the possessio	n of the organization that a	are held and administered	d for the								
organization by:	•			Yes	No						
(i) Unrelated organizations				3a(i)							
(ii) Related organizations				3a(ii)							
<b>b</b> If 'Yes' on line 3a(ii), are the related organization	· ·			. 3b							
4 Describe in Part XIII the intended uses of the		ent funds.									
Part VI Land, Buildings, and Equipmer		000 D 1 1 1 / 1	11 0 5 00		. 10						
Complete if the organization ans			e 11a. See Form 99	90, Part X, I	ine 10.						
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book v	/alue						
<b>1 a</b> Land	(investment)	basis (other)	depreciation								
<b>b</b> Buildings.											
c Leasehold improvements		16,624.	483.	1 4	5,141.						
<b>d</b> Equipment		3,918.	3,136.	10	782.						
e Other		54,154.	12,535.	Л1	,619.						
Total. Add lines 1a through 1e. (Column (d) must e					3,542.						
DAA	. 4441 1 01111 220, 1 all A, (	ουιαιτιτ ( <i>D)</i> , ππο 100.)		Jula D (Farm 90							

Schedule D (Form 990) 2021

Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
(1) Financial derivatives	(b) Dook value	(c) Method of Valuation. Cost of end-	or-year market value
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(C)			
( <u>D)</u> (E)			
( <u>F)</u> (G)			
(G) (H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NT / 7	
Part VIII Investments – Program Related. Complete if the organization answered	l 'Yes' on Form 990	N/A N Part IV line 11c See Form 9	990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	
	(b) Book value	(b) Method of Valuation Good of one	a or your market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A		
Part IX Other Assets. Complete if the organization answered	N/A L'Yes' on Form 990	Part IV line 11d See Form 9	990 Part X line 15
	scription	<u> </u>	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)		
Part X Other Liabilities.	form 000 Dort IV line 1	10 or 11f Coo Form 000 Port V line 2	-
Complete if the organization answered 'Yes' on F	ription of liability	Te of TH. See Form 990, Part A, time 23	
1. (a) Descr	iption of hability		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
• •			
(8)			
(8)			
(9)			
(9) (10)			•

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return. N/A
Complete if the expeniation enguered Weel on Form 000 Port IV line 100	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
	1
1 Total expenses and losses per audited financial statements	1
<ul> <li>1 Total expenses and losses per audited financial statements</li> <li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> </ul>	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1 2e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a	2 e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2e 3
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2021

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

82-1024452

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BOARD REVIEW AND APPROVAL.

SOCIAL BRIDGE DBA COVENTURE

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.



# **2022 Exempt Org. Return** prepared for:

SOCIAL BRIDGE DBA COVENTURE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601



Marc L. Whitman, CPA 118 W. 6th St., Suite 25 Glenwood Springs, CO 81601

### MARC L. WHITMAN, CPA 118 W. 6TH ST., SUITE 25 GLENWOOD SPRINGS, CO 81601 (970) 945-6355

April 26, 2023

SOCIAL BRIDGE DBA COVENTURE 1912 MIDLAND AVENUE GLENWOOD SPRINGS, CO 81601

Dear Client:

Your 2022 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Janet L. Wolf, CPA



## Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

Exempt Entity	
---------------	--

Department of the Treasury Internal Revenue Service

For calendar year 2022, or fiscal year beginning \_\_\_\_\_\_\_, 2022, and ending \_\_\_\_\_\_\_, 20 \_\_\_\_\_ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2022

OMB No. 1545-0047

Name of filer SOCIAL BRIDGE
DBA COVENTURE
Name and title of officer or person subject to tax

MICHAEL	LOWE	EXECUTIV	E DI	IRECTOR								
Part I	Type	of Return a	nd R	Return Infori	mation							_
and Form 53 <b>6a</b> , <b>7a</b> , <b>8a</b> , <b>9 6b</b> , <b>7b</b> , <b>8b</b> , <b>9</b>	x for the 330 filers <b>a,</b> or <b>10</b> 3 <b>b,</b> or <b>10</b>	return for which s may enter do a below, and t b, whichever i	h you ollars he am s app	are using this F and cents. For nount on that li	form 8879-TE and rall other forms, ne for the return (do not enter -0-).	enter whole being filed	dollars only with this for	y. If you o	check the lank, then	box on line leave line	m 8038-CP e <b>1a, 2a, 3a, 4a, 5a</b> <b>1b, 2b, 3b, 4b, 5b,</b> on the applicable	
		k here			e, if any (Form 99	0, Part VIII	, column (A	), line 12)	)	1b	408,125	) .
		check here									100, 110	
		L check here										
4a Form 9	<b>90-PF</b> c	check here										
5a Form 8	<b>868</b> che	eck here										
6a Form 9	<b>90-T</b> ch	eck here										
		eck here										
_		eck here										
9a Form 5	<b>330</b> che	eck here										
10a Form 8	038-CP	check here.	b	Amount of cr	edit payment req	<b>juested</b> (Fo	rm 8038-CP	, Part III,	line 22)	10b		
Part II De	eclara	tion and Sig	gnatı	ure Authoriz	zation of Offic	er or Per	son Subje	ect to T	ax			
Under penaltie (name of ent		rjury, I declare	that	X I am an	officer of the abo	ove entity o	r 🗌 lam		subject to	tax with	respect to	
electronic retains and to reprocessing the initiate an elector of the federa U.S. Treasurginancial instanguiries and return and, if PIN: check o	turn. I ceceive file return ctronic file taxes y Financitutions I resolve file applicatione box	onsent to allow rom the IRS (a) or refund, and unds withdrawa owed on this recial Agent at 1 involved in the aissues relate able, the constant of the constant	w my a) an a (c) the al (dire eturn, -888- e proc d to the	intermediate seacknowledgeme date of any refect debit) entry to, and the financessing of the energy of the payment. It electronic fundaments are single of the energy of t	ent of receipt or und. If applicable, o the financial institution to ater than 2 busine electronic paymer have selected a p	ransmitter, eason for r l authorize t itution accou debit the el ess days pri nt of taxes personal ide	or electronic ejection of the U.S. Trea unt indicated ntry to this a ior to the pato receive centification in	c return on the transmisury and in the tax account. The tax account of the tax accounts of tax account	riginator (nission, (bits designal) preparatio Forevoke ettlement) al informat PIN) as my	ERO) to s ) the reasited Financi n software a paymen date. I als ion necess r signature	end the return to the on for any delay in al Agent to for payment to, I must contact the sary to answer or for the electronic	
X I author	rize MA	ARC L. WH	ITMA	N, CPA  ERO firm name			to enter my		0122		as my signature	
				ERO IIIII name	<i>;</i>				er five numbe not enter all z	,		
agency(	(ies) reg		s as pa	art of the IRS Fe	f I have indicated ed/State program,							
return.	If I have	indicated withi	n this	return that a cop	o the entity, I will en py of the return is ne return's disclosu	being filed v	vith a state a	ture on the gency(ies)	e tax year i regulating	2022 electr g charities a	ronically filed as part of	
Signature of offic	er or person	on subject to tax							Date			
Part III	Certif	ication and	Aut	hentication								
				ectronic filing ic git self-selected				1500103 not enter al		]		
am submi	itting th				is my signature on equirements of <b>Pu</b>						onfirm that I uthorized IRS <i>e-file</i>	
ERO's signature	JA	ANET L. W	OLF,	CPA				Date				
												_
				ERO M	lust Retain Th	nis Form	- See Ins	truction	1s			

Do Not Submit This Form to the IRS Unless Requested To Do So

### Form **990**

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2022, and ending For the 2022 calendar year, or tax year beginning . 20 Check if applicable: D Employer identification number Address change SOCIAL BRIDGE 82-1024452 DBA COVENTURE Telephone number Name change 1912 MIDLAND AVENUE (970) 319-5041 Initial return GLENWOOD SPRINGS, CO 81601 Final return/terminated Amended return **G** Gross receipts \$ 408,125 F Name and address of principal officer: H(a) Is this a group return for subordinates Application pending H(b) Are all subordinates included?
If "No," attach a list. See instructions. SAME AS C ABOVE Yes Nο Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( (insert no.) Website: H(c) Group exemption number X Corporation M State of legal domicile: CO Form of organization: Association L Year of formation: 2017 Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER COMMUNITY THROUGH EDUCATION AND SUSTAINABLE PROJECTS TO PROVIDE ECONOMIC DEVELOPMENT WITHIN OUR COMMUNITIES Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 5 0 Total number of volunteers (estimate if necessary)..... 6 4 Total unrelated business revenue from Part VIII, column (C), line 12. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 196,954 182,210. 183,123 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 1. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 380,078 408,125 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 22,500 37,500. Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 376,664. 374,169. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)... 399,164. 411,669. Revenue less expenses. Subtract line 18 from line 12..... -3,544.-19,086Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16)..... 66,929. 60,380. 21 159,940. 170,033. 22 Net assets or fund balances. Subtract line 21 from line 20..... -99,560. -103,104. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	0: 1 ( (f)											
Sign	Signature of officer		Date	Date								
Sign Here	MICHAEL L					EXECUTIVE DIRECTOR						
	, ,											
	Print/Type prepare	r's name		Preparer's signatu	ure	Date	Check	if	PTIN			
Paid	JANET L.	WOLF,	CPA	JANET L.	WOLF, CPA		self-employe	ed	P00428815			
Preparer Use Only	Firm's name	MARC	L. WHITM	IAN, CPA								
Use Only	Firm's address	Firm's address 118 W. 6TH ST., SUITE 25							-1293097			
	GLENWOOD SPRINGS, CO 81601								Phone no. (970) 945-6355			
May the IRS	discuss this ret	urn with	the preparer	shown above?	See instructions				X Yes No			

Par	i III	Statement of Program Service Acc			
	D.:: - 41	Check if Schedule O contains a response o	r note to any line in this Part III		
1		/ describe the organization's mission:	IICAMTON AND CHEMATNAD	LE DDO TECHE HO DDOUTDE ECONO	MTC
		EMPOWER COMMUNITY THROUGH ED		re brosecis to brovide econd	MIC
	<u>DEV.</u>	ELOPMENT WITHIN OUR COMMUNIT	TE2.		
2	Did th	e organization undertake any significant program	n services during the year which were	e not listed on the prior	
	Form	990 or 990-EZ?		Yes	X No
	If "Yes	s," describe these new services on Schedule O.			
3	Did th	e organization cease conducting, or make si	gnificant changes in how it conduc	cts, any program services? Yes	X No
	If "Yes	s," describe these changes on Schedule O.			
4	Descr	ibe the organization's program service accon on 501(c)(3) and 501(c)(4) organizations are	nplishments for each of its three la	argest program services, as measured by ex	penses.
	and re	evenue, if any, for each program service repo	orted.	rants and anocations to others, the total exp	,011505,
4a	(Code		50. including grants of \$	) (Revenue \$	)
		ENTURE HAD 116 PARTICIPANTS			<u>ND 13</u>
		E EVENTS WITH 716 ATTENDEES			
		LABORATION AND COMMUNITY BUI			THE
		NORKING SPACE AND AN ADDITIO	<u>NAL 907 MEMBERS WHO RI</u>	ECEIVE COMMUNICATIONS FROM _	
	COV.	ENTURE.			
4b	(Code	:) (Expenses \$	including grants of \$	) (Revenue \$	)
			-4		
<b>4</b> c	(Code	: ) (Expenses \$	including grants of \$	) (Revenue \$	)
-10	(0000		morading grants or 4		
4d	Other	program services (Describe on Schedule O.)			
	(Expe		grants of \$	) (Revenue \$	
46	Total	nrogram service expenses	287 750		

# Form 990 (2022) SOCIAL BRIDGE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2022) SOCIAL BRIDGE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part l</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u>. []</u>
1.	Enter the number reported in box 3 of Form 1096. Enter 0, if not applicable.		Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
ВΛΛ	TFFA01041 09/01/22		990 (	(0000)

Form 990 (2022) SOCIAL BRIDGE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х
	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Х
	If "Yes," indicate the number of Forms 8282 filed during the year		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
	Sponsoring organizations maintaining donor advised funds.	•	
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders. 11a		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in		
	which the organization is licensed to issue qualified health plans		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10	
	excess parachute payment(s) during the year?	15	X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Х
	If "Yes," complete Form 4720, Schedule O.		
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	17	
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?. 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Χ Schedule O how this was done ...... 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

MICHAEL LOWE 1912 MIDLAND AVENUE GLENWOOD SPRINGS CO 81601 (970) 319-5041

BAA

Form 990 (2022)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relat	ed organiz	ation	con	nper	nsate	d any	y cu	ırrent officer, direct	or, or trustee.	
(A) Name and title	(B) Average hours	Pos thar	sition n one s both	(do n box, an c	ot che	eck moss pers and a	ore	(D) Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount
	per week (list any hours for related organiza- tions below dotted line)			Officer				the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	of other compensation from the organization and related organizations
	$-\frac{40}{0}$	Х						37,500.	0.	0.
_(2)_TYLER_MOEBIUSPRESIDENT	<u> </u>	Х		Χ			•	<b>O</b> V 0.	0.	0.
(3) ALAN_ROZANSKY SECRETARY	$-\frac{4}{0}$	X	1	Х				0.	0.	0.
	$-\frac{4}{0}$	Х		Х				0.	0.	0.
(5)										
(6)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

TEEA0107L 09/01/22

Part VII	Section A. Officers, Directors, 1r	(B)	ney	⊏II	1 <u>1</u> 1(0		es, a	anc	a nignest Com	ipensated Empi	oyees	(cont	inuea)
		, ,			•	•	than		<b>(D)</b>	<b>(F)</b>		<b>(</b> E)	
	<b>(A)</b> Name and title	Average hours	box	, unle	ess pe	erson	is both	n an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	Estim	<b>(F)</b> ated am	nount
		per week (list any					or/trust 약 표		compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	compe	of other nsation	from
		hours for	Individual or director	stitut	Officer	Key employee	Highest co employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate	:d
		related organiza - tions	ctor	ional	٣	nplo	t com	'n			org	anizatio	ЛS
		below dotted	ndividual trustee or director	Institutional trustee		66	Highest compensated employee						
		line)	(1)	ee			ated						
(15)													
		1	•										
(16)													
(17)													
<u> </u>		1											
(18)													
(19)													
(20)													
<u> </u>		1											
(21)													
(00)													
(22)													
(23)													
									OPI				
(24)		<b> </b>							<b>0</b> ,				
(25)				1									
<u> </u>		- 1											
	total	1							37,500.	0.			0.
	al from continuation sheets to Part VII, Sect							٠.	0.	0.			0.
	al (add lines 1b and 1c) I number of individuals (including but not limited								37,500.	0.	ensatio	n	0.
	the organization	1 10 111030 1	istou	abo	•0)	1110	10001	vcu	111010 (11011 \$100,00	o or reportable comp	crisatio		
												Yes	No
3 Did :	the organization list any <b>former</b> officer, direct	tor, truste	e, ke	ey e	mplo	oyee	e, or l	high	nest compensated	employee	3		37
	ine 1a? If "Yes,"complete Schedule J for suc										3		X
the o	any individual listed on line 1a, is the sum o organization and related organizations great	er than \$1	50,00	00?	If "	Yes,	" con	nple	ete Schedule J for	from			
	n individual										4		X
<b>5</b> Did for s	any person listed on line 1a receive or accruservices rendered to the organization? If "Ye	ie comper s," compli	isatio <i>ete S</i>	n tr <i>che</i>	om <i>dule</i>	any • <i>J f</i> o	unre or sud	Iate ch p	ed organization or or or or	ındıvıdual	. 5		Х
Section	B. Independent Contractors												
I Com	nplete this table for your five highest comper pensation from the organization. Report comper	isated ind Isation for	epen the c	deni alen	t coi dar i	ntrad year	ctors endir	tha ng v	it received more th vith or within the or	nan \$100,000 of ganization's tax year			
	(A) Name and business add								(B)		(	C)	
	Name and business add	iress							Description of	of Services	Compe	insauc	)[]
-													
				.,					<u> </u>				
	I number of independent contractors (including 0,000 of compensation from the organization		ited to	o tho	se I	ıstec	abov	ve)	wno received more	tnan			
Ψισι	5,000 or compensation from the organization	0											

#### Form 990 (2022) SOCIAL BRIDGE 82-1024452 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue business exempt excluded from tax under sections 512-514 function revenue revenue s, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b c Fundraising events..... 1с Gifts, **d** Related organizations . . . . . . . 1d e Government grants (contributions) . . . . 87,500 Contributions, All other contributions, gifts, grants, and similar amounts not included above . . . 1f 94,710 Noncash contributions included in 1g h Total. Add lines 1a-1f ..... 182,210 Business Code Program Service Revenue 2a CO-WORKING FEES 225,913 <u>225,</u>913 All other program service revenue. . . g Total. Add lines 2a-2f ..... 225,913 Investment income (including dividends, interest, and other similar amounts) ..... Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6a Gross rents . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). . . . . . 7с **d** Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . 8a **b** Less: direct expenses..... 8b 9a Gross income from gaming activities. 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less.....

408,

225,913

0

returns and allowances. . . . . . . . . .

**b** Less: cost of goods sold....

Miscellaneous

12

0a 10b

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees ..... 26,250 5,625 37,500. 5,625. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0 0. 0 0. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 11 Fees for services (nonemployees): 35,500 24,850 5,325 5,325 3,000 3,000 c Accounting..... 4,008 4,008 **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) . . . . 12 Advertising and promotion..... 10,121 7,085. 1,518. 1,518. 13 8.818 6,173 1,322 1,323. Information technology..... 14 15 Royalties 191,521. 134,065. 28,728. 28,728. 17 23,220. 16,254. 3,483 3,483. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 93 93 21 Payments to affiliates..... 9,842. 22 Depreciation, depletion, and amortization.... 6,889. 1,476. 1,477. 23 1,853. 397. 397. 2,647. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... 24,300 24,300 PARTNER PROGRAM b TECHNOLOGY & CONTRACTS 20,677 14,474 3,101 3,102. 8,577 12,253 1,838 1,838. c <u>MEALS</u> 8,179 <u>5,</u>725 1.227 1.227. TELEPHONE 11,255. 19,990. 6,537. 2,198. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 411,669. 287,750. 67,678 56,241. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here SOP 98-2 (ASC 958-720).....

		Check if Schedule O contains a response or note to	o any lir	ne in this Part X	<u></u>	<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			1,837.	1	801.
	2	Savings and temporary cash investments		L		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	15,526.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner office I contrib	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified p					
	0	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
S	8	Inventories for sale or use				8	
set	9	Prepaid expenses and deferred charges				9	
Assets	_	• •	1 1			9	
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		76,597.			
	b	Less: accumulated depreciation	10b	25,996.	58,542.	10c	50,601.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments – program-related. See Part IV, line 11.		<del>-</del>		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1.	15	1.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		60,380.	16	66,929.
	17	Accounts payable and accrued expenses			20,000.	17	
	18	Grants payable			N	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			, -	20	
ies	21	Escrow or custodial account liability. Complete Part				21	
ilit	22	Loans and other payables to any current or former of	ficer, di	rector, trustee,			
Liabilities		Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	rsons		139,940.	22	139,940.
	23	Secured mortgages and notes payable to unrelated th			•	23	30,093.
	24	Unsecured notes and loans payable to unrelated third	d parties			24	·
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		<u>L</u>		25	
	26	Total liabilities. Add lines 17 through 25			159,940.	26	170,033.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	е				
ala	27	Net assets without donor restrictions				27	
B	28	Net assets with donor restrictions				28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	X			
ō	29	Capital stock or trust principal, or current funds				29	
ste	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30	
SS	31	Retained earnings, endowment, accumulated income		<u>L</u>	-99,560.	31	-103,104.
t A	32	Total net assets or fund balances		-99,560.	32	-103,104.	
Š	33	Total liabilities and net assets/fund balances		L	60,380.	33	66,929.
ВΛ	^			11 09/01/22	22,2300		Form <b>900</b> (2022)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	108,1	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	111,6	69.
3	Revenue less expenses. Subtract line 2 from line 1	3		-3,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	99,5	60.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	_1	.03,1	04
Pai	rt XII   Financial Statements and Reporting			.00,1	-01.
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check if Schedule O Contains a response of note to any line in this Fart All			Yes	· L
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
b	were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		ີ <b>3a</b>		X
t	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22		Forr	n <b>990</b> (	(2022)

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

OMB No. 1545-0047

2022

Open to Public Inspection

riume .	DBA COVENT					82-102445	2	•				
Par			organizations must	comple	te thi							
	organization is not a private found						2001131					
1	A church, convention of church	`			,	,						
2	A school described in <b>sectio</b>	,		•	·// //	.,						
3	A hospital or a cooperative h		•		)(b)(1)(A	A)(iii).						
4	A medical research organiza	1				· ·	nter the I	nospital's				
	name, city, and state:	,	•			``````		·				
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ege or university owned	or opera	ated by	a governmental unit de	escribed i	n				
6												
7	7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)								
9	An agricultural research organi	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege					
	or university or a non-land-grain	nt college of agriculture	e (see instructions). Enter	r the nam	ne, city,	and state of the college of	or					
	university:											
10	An organization that normally from activities related to its a investment income and unreugune 30, 1975. See section!	exempt functions, sub lated business taxabl	oject to certain exception e income (less section	ns; and	(2) no r	nore than 33-1/3% of it	ts suppor	t from gross				
11	An organization organized ar		•	etv. See	section	1 509(a)(4).						
12	An organization organized an	nd operated exclusive rganizations describe	ely for the benefit of, to	perform	the fur n 509(a	actions of, or to carry or (2). See section 509(a	ut the pui	rposes of one ck the box on				
_	lines 12a through 12d that de											
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect <b>A and B.</b>	d, or controlled by its sur t a majority of the directo	rs or trus	rganizat tees of	ion(s), typically by giving the supporting organization	ne supp on. <b>You m</b>	ortea i <b>ust</b>				
b	Type II. A supporting organiz		controlled in connection	with its	support	ed organization(s), by	having co	ontrol or				
	management of the supporting	organization vested in	the same persons that c	ontrol or	manage	the supported organizat	ion(s). Yo	u				
•	must complete Part IV, Secti			201								
С	Type III functionally integrated organization(s) (see instruction)	. A supporting organizations). <b>You must com</b>	tion operated in connection plete Part IV, Sections	n with, ar <b>A, D, an</b>	10 TUNCTI <b>3 E.</b>	onally integrated with, its	supported					
d	Type III non-functionally integrated. The of	rated. A supporting org	janization operated in coi must satisfy a distribu	nection	with its	supported organization(s)	that is no	nt				
е	instructions). You must com	•		المال مالد	منائلم ما	a Tura I Tura II Tura	م اللية	li a mallu				
-	Check this box if the organiz integrated, or Type III non-fu	ation received a writt inctionally integrated	en determination from supporting organizatior	ine 185 i 1.	mat it is	за турет, турет, тур	e III Iurici _	попапу				
f	Enter the number of supported											
g	Provide the following informatio	n about the supported	d organization(s).				_					
•	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizat in your g docun	ion listed overning	(v) Amount of monetary support (see instructions)		mount of other (see instructions)				
				Yes	Na							
				162	No							
(A)												
<u>(^)</u>												
(B)												
(-)												
(C)												
(D)												
<u>(E)</u>												
Total												

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the

	organization fails to qualify i	under the tests iis	sted below, please	e complete Part II	1.)			
Sec	tion A. Public Support		1	1	T	T		
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
<b>4 5</b>	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1							
	that exceeds 2% of the amount shown on line 11, column (f)							
	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			- c.(	YPC			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		IEN					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	C'						
	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc. (see in	structions)				2	
	<b>First 5 years.</b> If the Form 990 is organization, check this box and	stop here						. 📗
	tion C. Computation of Pul							
	Public support percentage for 20	•			•	<u> </u>		%
15	Public support percentage from 2	2021 Schedule A	, Part II, line 14			1	5	%
16a	<b>33-1/3% support test—2022.</b> If the and <b>stop here.</b> The organization	ne organization d qualifies as a pu	id not check the t blicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, ch	eck this box	
b	<b>33-1/3% support test—2021.</b> If th and <b>stop here.</b> The organization	e organization di qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3	3-1/3% or more	e, check this box	
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	s test, check this I	box and stop here	e. Explain in Pa	art VI how	
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a I-circumstances t	and-circumstances est. The organiza	s test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Pa ed organization	art VI how the	_
18	Private foundation. If the organize	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see	instructions	. Ц
								_

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		·				
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60 206	159,900.	170 202	106 054	102 210	707 712
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	69,296.		179,383.	196,954.	182,210.	787,743.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.		130,462.	176,432.	183,123.	225,913.	715,930.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,	69,296.	290,362.	355,815.	380,077.	408,123.	1,503,673.
	2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0		0	0	0	0
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	1 502 673
Sec	tion B. Total Support						1,503,673.
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Amounts from line 6	69,296.	290,362.	355,815.	380,077.	408,123.	1,503,673.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	,	,	·	,		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2.	10.	5.	1.	2.	20.
-	Add lines 10a and 10b	2.	10.	5.	1.	2.	20.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	69,298.	290,372.	355,820.	380,078.	408,125.	1,503,693.
14	First 5 years. If the Form 990 is forganization, check this box and	for the organizatio	n's first, second, t	hird, fourth, or fi	fth tax year as a s	ection 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•	• •				100.00 %
	Public support percentage from 2						0.00 %
	tion D. Computation of Inv					<del>,</del>	
	Investment income percentage for	•	• •	-		-	0.00 %
	Investment income percentage fr						0.00 %
	<b>33-1/3% support tests—2022.</b> If t is not more than 33-1/3%, check <b>23.1/3%</b> support tests— <b>2021.</b> If t	this box and stop	here. The organize	zation qualifies a	s a publicly suppo	orted organization	ı <u>X</u>
b	<b>33-1/3% support tests—2021.</b> If the line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
	accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 <b>0</b> b		

### Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played

#### Section E. Type III Functionally Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

in this regard.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain in list complete Sections A	n Part VI). <b>See</b> A through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Cheek here if the current year is the organization's first as a pen functionally into	aroto	d Type III cynnarting ar	ranization

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA Schedule A (Form 990) 2022

b Excess from 2019.....
c Excess from 2020.....
d Excess from 2021.....
e Excess from 2022.....

CCII	Social Milde		02	_ TOT.	44JZ 1 490 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continue	ed)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	ırposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	5,	2	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
(	From 2019				
(	From 2020				
	From 2021				
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years		YC		
					·

**h** Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, a Applied to underdistributions of prior year **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018.....

BAA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 SOCIAL BRIDGE 82-1024452 Page **8** 

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



# Schedule B (Form 990)

PUBLIC DISCLOSURE COPY
Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization SOCIAL BRIDGE

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

2022

DBA CO	VENTURE	82-1024452
Organization type (check one	):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
For an organization or more (in money or a contributor's total	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for decontributions.  described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3%	is totaling \$5,000 termining
Special Rules	CLIE	
regulations under sec 16b, and that receiv	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lied from any one contributor, during the year, total contributions of the greater on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part 1.	ne 13, 16a, or r of (1) \$5,000; or
contributor, during t literary, or education	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charinal purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	table, scientific,
contributor, during t contributions totaled during the year for a <b>General Rule</b> applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive year, contributions exclusively for religious, charitable, etc., purposes, but if more than \$1,000. If this box is checked, enter here the total contributions that exclusively religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received nonexclusively religious, charitable, nore during the year.	no such nat were received arts unless the etc., contributions
must answer "No" on Part IV, lin	isn't covered by the General Rule and/or the Special Rules doesn't file Sched ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9et the filing requirements of Schedule B (Form 990).	

1 Employer identification number

SOCIAL BRIDGE

82-1024452

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>10,200.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$31,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$ <u>5,000.</u>	Person X  Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TET 107/00 07/00/00	\$20,000.	Person X Payroll
BAA	TEEA0702L 07/22/22	\$	Schedule B (Form 990) (2022)

SOCIAL BRIDGE

82-1024452

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total contributions (a) No. Person Χ **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution (a) No. Person 8\_\_ **Payroll** 9,981. Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (d) Type of contribution (a) No. Person 9 **Payroll** T COP Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (b) (c) Total contributions Name, address, Person 10 **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person <u>11</u> **Payroll** 5,500. Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (a) No. (c) Total contributions (b) Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Employer identification number

82-1024452 SOCIAL BRIDGE

raitii	INDICASTI Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
	<b></b>		
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		P	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		3	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<del></del>	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_ 		
		ls	
D A A	TEE 407031 07/22/22	Calaadiila	D (Farms 000) (2022)

Name of organization Employer identification number SOCIAL BRIDGE 82-1024452 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000** or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

BAA

# SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

SOCIAL BRIDGE DBA COVENTURE 82-1024452

Pai	tΙ		nor Advised Funds or Other Simi	lar Funds or Accounts.
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Tota	I number at end of year		
2	Aggre	gate value of contributions to (during year)		
3	Aggre	gate value of grants from (during year)		
4	Aggı	regate value at end of year		
5			nor advisors in writing that the assets held organization's exclusive legal control?	
6	for c	haritable purposes and not for the benefit	rs, and donor advisors in writing that grar of the donor or donor advisor, or for any	other purpose conferring
Pai	t II	Conservation Easements. Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purp	oose(s) of conservation easements held by	y the organization (check all that apply).	
		Preservation of land for public use (for example)	ole, recreation or education) Pres	ervation of a historically important land area
		Protection of natural habitat	Pres	ervation of a certified historic structure
		Preservation of open space		
2	Com last	plete lines 2a through 2d if the organization I day of the tax year.	neld a qualified conservation contribution in t	ne form of a conservation easement on the
				Held at the End of the Tax Year
		I number of conservation easements		2a
		I acreage restricted by conservation ease		2b
(	: Num	ber of conservation easements on a certi	fied historic structure included in (a).	2c
	histo	oric structure listed in the National Registe		2d
3	Num tax y		sferred, released, extinguished, or terminate	d by the organization during the
4		ber of states where property subject to co		
5	Does and	s the organization have a written policy re enforcement of the conservation easemen	garding the periodic monitoring, inspectionts it holds?	n, handling of violations, Yes No
6	Staff	and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation easements during the year
7	Amo	unt of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onservation easements during the year
8	Does	s each conservation easement reported or section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements	of section 170(h)(4)(B)(i) Yes No
9		art XIII, describe how the organization repole, if applicable, the text of the footnote servation easements.	orts conservation easements in its revenuto the organization's financial statements	ue and expense statement and balance sheet, and that describes the organization's accounting for
Pai	t III	Organizations Maintaining Co Complete if the organization answered	llections of Art, Historical Treasu "Yes" on Form 990, Part IV, line 8.	res, or Other Similar Assets.
1 a	histo		ld for public exhibition, education, or rese	nue statement and balance sheet works of art, arch in furtherance of public service, provide in
ŀ	histo follo	rical treasures, or other similar assets held for wing amounts relating to these items:	or public exhibition, education, or research in	
			line 1	
2	If the	e organization received or held works of art, hunts required to be reported under FASB	historical treasures, or other similar assets for ASC 958 relating to these items:	r financial gain, provide the following
			1	
ŀ	Asse	ets included in Form 990, Part X		\$

Part III	Organizations Main	taining Colle	ections of Art	, Histori	cal Treasures, o	or Other Similar As	ssets	(contir	าued)_
3 Using the items (ch	organization's acquisition seck all that apply):	, accession, and	d other records, ch	eck any of	the following that ma	ake significant use of its	collectio	n	
<b>a</b> Publi	c exhibition		d L	oan or ex	change program				
<b>b</b> Scho	larly research		e 🔲 🤆	Other					
c Prese	ervation for future gener	ations							
4 Provide a Part XIII.	description of the organiz	ation's collection	ns and explain how	w they furth	er the organization's	exempt purpose in			
to be solo	e year, did the organiza d to raise funds rather th	nan to be main	tained as part of	the organi	zation's collection?		Yes		No
Part IV	Escrow and Custod eported an amount on Fo	ial Arranger rm 990, Part X,	<b>nents.</b> Completo , line 21.	e if the org	anization answered	"Yes" on Form 990, Par	t IV, lin	e 9, or	
1 a Is the org	ganization an agent, trus	tee, custodian	or other interme	diary for co	ontributions or othe	r assets not included		г	٦
	990, Part X?						Yes	L	No
<b>b</b> If "Yes," 6	explain the arrangement in	Part XIII and c	omplete the follow	ing table:			Λ		
- Paginnin	a halanaa						Amoun	[	
•	g balance during the year								
	ons during the year								
	alance								
•	rganization include an a						Yes	—	No
	explain the arrangemen					- [		<u> </u>	- NO
<b>D</b> II 165,	explain the arrangement	t III Fait XIII. C	frieck fiele if the	ехріанаціо	ii iias beeli piovide	u on Fait Am		· · · · · L	_
Part V E	Indowment Funds.	Complete if the	ornanization and	wered "Ye	s" on Form 990 Par	t IV line 10			
I alt V	indownient i diids.	(a) Current ye		ior year	(c) Two years back	(d) Three years back	(e)	Four years	s hack
<b>1 a</b> Beginning	g of year balance	(a) carrone y	(3)	ioi youi	(c) Two yours buck	(u) Times years back	(0)	our yours	<u>J Buck</u>
	ions								
						1			
	stment earnings, gains,								
	scholarships								
e Other exp	penditures for facilities			1	(,0				
	rams			$\mathcal{L}$					
	rative expenses		. 1	4 ,					
•	ear balance		111						
	he estimated percentage		t year end baland	ce (line 1g,	column (a)) held a	as:			
	signated or quasi-endov								
-	nt endowment	%							
c Term end		<del></del> %	1.1000/						
The perce	entages on lines 2a, 2b, ar	ia 2c srioula eqi	uai 100%.						
3a Are there	endowment funds not in t	he possession o	of the organization	that are he	ld and administered	for the	ſ	Yes	No.
organizat	lion by: lated organizations						20(1)	res	No
• • •	ed organizations						3a(i)		
` '	on line 3a(ii), are the rela						3a(ii)		$\vdash$
	in Part XIII the intended	•					. 30		<u> </u>
	and, Buildings, an		-	OWITICITE TO	ilus.				
	Complete if the organizati			Dart IV lin	na 11a Saa Form 90	On Part Y line 10			
		1					4 15 1		
ļ	Description of property	(8	<ul><li>a) Cost or other b (investment)</li></ul>		Cost or other basis (other)	(c) Accumulated depreciation	(a) I	Book va	ilue
<b>1 a</b> Land					, , , , , , ,				
<b>b</b> Buildings									
· ·	d improvements	<u> </u>			16,624.	909.		15	,715.
	nt	<u> </u>			3,918.	3,528.			390.
e Other					56,055.	21,559.		34	,496.
Total. Add line	s 1a through 1e. (Colum	ın (d) must equ	ıal Form 990, Pai	rt X, colum					,601.

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(2) Closely held equity interests. (3) Olther (4) (5) (5) (7) (6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	
(A) (B) (C) (D) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	t value
(3) Other (4) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
(B) (C) (C) (C) (E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
(C)	
(5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	
(E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	
(G)	
(G) (F) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	
Complete if the organization answered "Yes" on Form 990, Part X, Inne 11c. See Form 990, Part X, Inne 15c. See Form 990, Par	
Total.	
Total.   Column (b) must equal Form 990, Part X, column (B) line 12)   Part VIII   Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year ma (f)	
Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of Investment   (b) Book value   (c) Method of valuation: Cost or end-of-year ma	
Complete if the organization answered "Yes" on Form 990, Part IX, line 13.	
(1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13,  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IX, line 11d. See Form 990, Part X, line 15.  (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15,)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	arket value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13,  (a) Description of liability (b) Bool (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part XX Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IX, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 999, Part IX, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Boo (c) (d) (d) (d) (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 999, Part IX, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Bood (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bood (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
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(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IX, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Boo (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Boo (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (10) (11) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9)	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 999, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Boo (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)    Other Assets.   N/A	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   N/A	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)   Other Assets.	
Other Assets.	
(a) Description (b) Boo (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) Faderal income taxes (2) (3) (4) (5) (6) (6) (7) (6) (7) (8) (7) (8) (7) (7) (8) (7) (8) (7) (8) (7) (7) (8) (8) (9) (10) (10) Faderal income taxes (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) Faderal income taxes (2) (3) (4) (6) (6) (7) (8) (9) (9) (10) (10) Faderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (10) Faderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (10) Faderal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (10) Faderal income taxes (10) Fader	
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(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	ok value
(3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
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(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
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(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X  Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Bool (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	
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(4) (5) (6) (7) (8) (9)	
(5) (6) (7) (8) (9)	
(6) (7) (8) (9)	
(7) (8) (9)	
(8) (9)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for untax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	ncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b.	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	•
· · · · · · · · · · · · · · · · · · ·	•
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	•
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  2 Describe in Part XIII.)	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Statements With Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).  2 Describe in Part XIII.)	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	Return. N/A  1  2e 3
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	Return. N/A  1  2e 3
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	Return. N/A  1  2e 3

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

#### **SCHEDULE O** (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOCIAL BRIDGE DBA COVENTURE Employer identification number

82-1024452

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

BOARD REVIEW AND APPROVAL.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

